

United States Bankruptcy Court

Eastern District of Texas

Notice of Electronic Claims Filing

The following transaction was received from Asby, Cameron on 5/31/2018 at 9:20 AM CDT

[File another claim](#)

Case Name: Remarkable Healthcare of Dallas, LP
Case Number: 18-40296
PharmScript LLC
Creditor Name: 150 Pierce St
Somerset, NJ 08873
Claim Number: 15 [Claims Register](#)
Amount Claimed: \$73,115.39
Amount Secured:
Amount Priority:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:C:\Users\mgrisales\Desktop\Pharmscript - Remarkable of Dallas - Proof of Claim.pdf

Electronic document Stamp:

[STAMP bkecfStamp_ID=995489823 [Date=5/31/2018] [FileNumber=17339804-0]
] [1b1964f53d1b75cc00705d5d4b66e0fe403d2a5619828ecda8f8238b750409369e7
aa8562a3c0935f6c065903424fdc7a40344adbe8896f475ce6d086b03ad24]]

18-40296 Notice will be electronically mailed to:

Bryan C. Assink on behalf of Debtor Remarkable Healthcare of Dallas, LP
bassink@curtislaw.net

Mark A. Castillo on behalf of Debtor Remarkable Healthcare of Dallas, LP
mcastillo@curtislaw.net

Annmarie Chiarello on behalf of Creditor Comerica Bank
achiarello@winstead.com

Darrell W. Cook on behalf of Creditor Omnicare Pharmacy of Texas 1, LP
dwcook@attorneycook.com, all@attorneycook.com;all@attorneycook.com

Stephanie D. Curtis on behalf of Debtor Remarkable Healthcare of Dallas, LP
scurtis@curtislaw.net

Aaron M. Kaufman on behalf of Creditor Reliant Pro Rehab
akaufman@dykema.com, dandreacchi@dykema.com;pelliot@coxsmith.com



Phillip L. Lamberson on behalf of Creditor Comerica Bank
plamberson@winstead.com

Scott Alan Ritcheson on behalf of Creditor The Medicine Chest
scottr@rllawfirm.net, mistyb@rllawfirm.net

John M. Vardeman on behalf of U.S. Trustee US Trustee
john.m.vardeman@usdoj.gov

Joseph J. Wielebinski, Jr. on behalf of Creditor Comerica Bank
jwielebinski@winstead.com

18-40296 Notice will not be electronically mailed to:

Allegiance Ambulance
PO Box 4320
Houston, TX 77210

American Express
PO Box 36001
Fort Lauderdale, FL 33336-0001

Complete Supply, Inc.
1624 W. Crosby St.
#144
Carrollton, TX 75006

Elliot Greenleaf P.C.
925 Harvest Drive
Suite 300
PO Box 3010
Blue Bell, PA 19422

GMP Dallas NH, Ltd.
610 Towson Avenue
PO Box 2207
Fort Smith, AR 72902

Green Mountain Energy
PO Box 121233
Dallas, TX 75312

IPFS Corporation
PO Box 730223
Dallas, TX 75373

Lawn Pros, LLC
PO Box 1213
Colleyville, TX 76034

Medicine Chest Institutional Pharmacy
411 Main Street
Suite 2
Sulphur Springs, TX 75482

Medline Industries, Inc.
PO Box 121080
Dallas, TX 75312

North American Administrators
1826 Elm Hill Pike
Nashville, TN 37210

PharmScript LLC
150 Pierce St.
Somerset, NJ 08873

PointClick Care Technologies Inc.
PO Box 674802
Detroit, MI 48267

RXPerts Pharmacy - Texas
PO Box 1359
Morton Grove, IL 60053

Schryver Medical
12075 East 45th Ave.
Ste. 600
Denver, CO 80239

U.S. Food Service, Inc.
PO Box 843202
Dallas, TX 75284

United Seating and Mobility
PO Box 790051
Saint Louis, MO 63179

Wick, Phillips Gould & Martin, LLP
3131 McKinney Ave.
Dallas, TX 75204

Fill in this information to identify the case:

Debtor 1 Remarkable Healthcare of Dallas, LP

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Eastern District of Texas

Case number 18-40296

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>PharmScript of Texas LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Duane Morris LLP c/o Lawrence J. Kotler</u> Name <u>30 S. 17th Street</u> Number Street <u>Philadelphia PA 19103</u> City State ZIP Code Contact phone <u>215-979-1514</u> Contact email <u>LJKotler@duanemorris.com</u>	Where should payments to the creditor be sent? (if different) <u>Pharmscript of Texas LLC c/o John J. McDonough</u> Name <u>150 Pierce Street</u> Number Street <u>Somerset NJ 08873</u> City State ZIP Code Contact phone <u>908-398-1818</u> Contact email <u>JMcDonough@pharmscript.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: R D A L

7. How much is the claim? \$ See Addendum Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods sold - see addendum

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

5/17/2018
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name John J. McDonough
First name Middle name Last name

Title Chief Financial Officer

Company PharmScript of Texas LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 150 Pierce Street
Number Street

Somerset NJ 08873
City State ZIP Code

Contact phone 908-398-1818 Email JMcDonough@pharmscript.com

ADDENDUM TO PROOF OF CLAIM OF PHARMSCRIPT OF TEXAS LLC

1. This addendum is attached to and made a part of the Proof of Claim (the "Proof of Claim") of PharmScript of Texas LLC ("Claimant") filed against Remarkable Healthcare of Dallas, LP ("Remarkable"), in its jointly administered chapter 11 bankruptcy case, No. 18-40296.

2. On February 12, 2018 (the "Petition Date"), Remarkable, along with certain of its affiliates (collectively, the "Debtors"), filed voluntary petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 et. seq. (the "Bankruptcy Code"), in the United States Bankruptcy Court for the Eastern District of Texas, Sherman Division (the "Court").

3. Prior to the Petition Date, Remarkable and Claimant entered into that certain Pharmaceutical Services Contract dated as of July 1, 2017 (the "Contract"). A true and correct copy of the Contract is attached hereto as **Exhibit "A."**

4. Pursuant to the terms of the Contract, Claimant was retained by Remarkable as a designated provider of pharmaceutical services, which included, *inter alia*, providing various medical services as well as the selling and supplying of prescription drugs, medical supplies and related goods (the "Goods").

5. As of the Petition Date, Claimant was owed the sum of \$73,115.39 for the Goods sold to Remarkable under the Contract. A spreadsheet itemizing the relevant invoices¹ and amounts thereof accounting for such Goods is attached hereto as **Exhibit "B"**.

6. Of this amount, \$6,254.26 constitutes an administrative expense priority claim pursuant to section 503(b)(9) of the Bankruptcy Code, representing the amounts due and owing for Goods sold and supplied to Remarkable within twenty (20) days of the Petition Date.

¹ Due to the voluminous nature of the invoices documenting each Good sold, Claimant has not attached them hereto. Such invoices are available upon written request.

7. Accordingly, Claimant hereby submits this Proof of Claim in the amount of \$73,115.39 representing amounts due and owing to Claimant for Goods sold, of which \$6,254.26 constitutes an administrative expense priority claim under section 503(b)(9) of the Bankruptcy Code for the Goods sold and supplied to Remarkable within twenty (20) days of the Petition Date.

RESERVATION OF RIGHTS

8. Claimant is filing this Proof of Claim to protect its rights, claims and interests. Claimant expressly reserves the right to amend or supplement this Proof of Claim for any reason, including, without limitation, to state updated amounts due or for any other purpose for which a Proof of Claim filed in this case may be amended or supplemented. Claimant further expressly reserves the right to file additional proofs of claim, general proofs of claim, or other claims for additional amounts due and owing to Claimant by any of the Debtors.

9. Claimant reserves all rights and remedies accrued to it, and the filing of this Proof of Claim is not intended to, and shall not, be construed as: (a) an election of remedies; (b) a waiver of any past, present or future defaults or events of default; (c) a waiver or limitation of any of its rights or defenses; (d) a waiver of any of its claims against any of the Debtors or any of their subsidiaries or affiliates; or (e) a waiver of any of its claims against any other parties liable thereto.

10. This Proof of Claim is filed as a separate claim from other claims that may be filed by or on behalf of the Claimant against any of the other Debtors or their affiliates and does not replace or supersede such other claims.

11. Neither this Proof of Claim nor any subsequent appearance, pleading, claim, document, suit, or motion, nor any other writing or conduct, shall constitute a waiver of

Claimant's: (a) right to have any and all final orders in any and all non-core matters entered only after *de novo* review by a court of competent jurisdiction; (b) right to trial by jury in any proceeding as to any and all matters so triable herein; (c) right to receipt of service of process in all actions, causes, claims or proceedings arising in, arising under or related to these proceedings; (d) right to contest service of process; or (e) other rights, claims, actions, defenses, setoffs, recoupments or other matters to which any party is entitled under any agreements, or at law or in equity under applicable law.

NOTICES

12. All notices to Claimant related to this Proof of Claim should be sent to Claimant as follows:

PharmScript of Texas LLC
c/o John J. McDonough
150 Pierce Street
Somerset, NJ 08873

With a copy to counsel for Claimant:

Lawrence J. Kotler, Esq.
Duane Morris LLP
30 S. 17th Street
Philadelphia, PA 19103

13. Claimant's counsel, Lawrence J. Kotler, may be reached by telephone at 215.979.1514 or by electronic mail at LJKotler@duanemorris.com.

Exhibit "A"

Contract



PHARMScript

**FORM OF
PHARMACEUTICAL SERVICES CONTRACT**

PHARMScript OF TEXAS LLC

AND

Remarkable Healthcare of Dallas

PHARMACEUTICAL SERVICES CONTRACT

This Pharmaceutical Services Contract (the "**Agreement**") dated July 1 2017 (the "**Effective Date**") by and between PharmScript of Texas LLC, a Texas limited liability company whose address is 1718 Fry Road, Suite 125, Houston, TX 77084 (the "**Pharmacy**") and Remarkable Healthcare of Dallas whose address is 3350 Bonnie View Road Dallas TX 75216 (the "**Facility**").

WITNESSETH:

WHEREAS, the Pharmacy is a licensed pharmacy specializing in total pharmaceutical services for nursing homes and other long term health care facilities;

WHEREAS, the Facility desires to engage an independent pharmacy to provide medications for residents of the Facility ("**Residents**");

WHEREAS, the Facility is a nursing facility engaged in providing sub-acute and long-term health care and desires to retain the pharmaceutical services offered by the Pharmacy; and

WHEREAS, the Facility wishes to engage the Pharmacy to provide pharmaceutical services and the Pharmacy desires to accept such engagement on the terms and conditions contained herein.

NOW, THEREFORE, in consideration of the mutual representations, warranties, covenants and agreements herein contained, the parties hereto agree as follows:

ARTICLE I

SERVICES

1.1. Engagement. The Facility hereby retains the Pharmacy as the "**Designated Provider**" of pharmaceutical services to the Facility for the benefit of the Residents in all matters required or requested in connection with the pharmaceutical needs of such Residents and the operation of the Facility. The term "Designated Provider" shall mean that: (i) with respect to the Facility, the Pharmacy shall serve as the exclusive provider of pharmaceutical services at the Facility; and (ii) with respect to the Residents, the Pharmacy shall be the only provider from which the Facility recommends or designates that pharmaceutical services be purchased. Notwithstanding the foregoing, each Resident shall have the right to choose an alternate provider of pharmacy services pursuant to Section 3.3 below.

1.2. Services. The Pharmacy will provide prescription and non-prescription drugs including intravenous drugs, and pharmaceutical supplies (collectively, "**Medications**") as ordered by physicians and other health care professionals legally authorized to prescribe such products for the Residents.

1.3. Methods of providing services.

(a) The Pharmacy will: (i) be responsible for all third party billing for the applicable state Medicaid program ("**Medicaid**"), private pay, and private insurance; (ii) maintain drug profiles on each of the Residents; (iii) provide drug information to the Facility's licensed professional staff regarding Medications; (iv) provide, maintain, and replenish, in a prompt and timely manner, an emergency drug supply as approved by the Facility's Quality Assurance Committee and any other committees of the Facility; (v) ensure a representative from the Pharmacy is available for attendance at the Facility's Quality Assurance Committee meetings, the Infectious

Control Committee meetings, and any other applicable committee meetings, with reasonable prior notice and during regularly scheduled visits to the Facility; and (vii) conduct, when requested by the administrator of the Facility, and as mutually agreed to by the Pharmacy and the Facility, programs for in-service education conducted by one (1) of the Pharmacy's pharmacists or his/her designee for subjects related to the pharmaceutical services rendered during regularly scheduled visits to the Facility. Any emergency drug supply provided under this Section 1.3(a) will be the property of the Pharmacy as prescribed by law.

(b) Medications will generally be provided to the Facility in a 30-dose bingo drug dispensing system, except where an alternate supply or packaging is necessary including, but not limited to, scenarios where an alternate supply is medically necessary, or where the Centers for Medicare and Medicaid Services ("CMS") guidance, rules, or regulations dictate a fourteen (14) day supply for third party dispensing for brand or single source generic Medications. Medications will be provided to the Facility in a 14-day drug dispensing system for all Medicare and managed care patients. An alternate days supply of dispensing may be mutually agreed upon.

(c) The Pharmacy will deliver Medications and provide services to the Facility seven (7) days a week, three-hundred sixty-five (365) days a year, with modified schedules on national holidays based on a daily delivery schedule mutually determined by the Facility and the Pharmacy. Emergency delivery of Medications will be done by the Pharmacy during normal business hours, except for circumstances beyond the Pharmacy's reasonable control, and emergency services will be available after hours through an answering service with a pharmacist on-call. No service fees will apply.

(d) The Pharmacy will establish an emergency system for backup and/or interim order dispensing.

(e) The Facility shall initially provide the Pharmacy with copies of each Resident's physician medication order sheets ("**Order Sheets**"). From these initial Order Sheets, the Pharmacy will generate the following monthly computerized documentation:

- If elected, order Sheets for each Resident will be presented to the Facility on a monthly basis and shall be reviewed and signed by the respective physicians and a copy will be picked up and returned to the Pharmacy by the Pharmacy's driver on a continuous basis. The physician's signature on an Order Sheet shall constitute a renewal for the prescriptions contained in the Order Sheet as required by law and shall be utilized by the Pharmacy's pharmacists as the basis and guidelines for the dispensing of drugs to the respective Residents.
- The Pharmacy shall also prepare and maintain, on a current and continuous basis, for each Resident, administrative records regarding Medications (the "**Medication Administration Records**") and administrative records regarding treatment (the "**Treatment Administration Records**").

(f) Monthly, computer generated Order Sheets, Medication Administration Records, and Treatment Administration Records will be reviewed for accuracy by the Pharmacy, but will be required to be reviewed by the Facility's nurses and prescribers for accuracy before the forms are put into use each month.

(g) The Facility agrees to transmit required information to the Pharmacy on a continual basis and in a timely fashion. The Pharmacy agrees to comply with all requirements of the Health Insurance Portability and Accountability Act ("**HIPAA**"), as amended, and to comply with the

Facility's current HIPAA policies, and reasonable amendments, regarding privacy, confidentiality and security of information protected by HIPAA.

1.4. Equipment

(a) The Pharmacy will provide the Facility with medication and treatment carts (the "Carts") as mutually determined by the Pharmacy and the Corporate Chief Clinical Officer. The Carts will be the property of the Pharmacy. The Facility will use the Carts only in connection with the products provided by Pharmacy, services contemplated herein, and medically-necessary corresponding clinical needs (or pay the Pharmacy the fair market value rental fee, as determined by Pharmacy, for any additional use of the Carts not otherwise contemplated herein). The Facility will be responsible for payment of bills associated with repairs of the Carts if they are damaged due to negligence (including lock changes, lost keys, etc.).

(b) The Pharmacy shall provide the Facility with facsimile equipment (without lines) necessary for the transmission of Resident's status information (e.g. private or Medicaid payor status, guarantor information, daily medication orders, prescription changes, new Resident admissions, Resident discharges, as well as any and all other information pertinent to the Resident's medication requirements and/or necessary for the Pharmacy to maintain the quality and level of service rendered to the Facility) (the "Facsimile Equipment"). The Facsimile Equipment will remain the property of the Pharmacy. The Facility will pay for installation charges (for a direct dial line), supplies, and phone charges associated with the Facsimile Equipment. The Facility will use the Facsimile Equipment only for products and/or services directly provided by Pharmacy (or pay the Pharmacy the fair market value rental fee, as determined by Pharmacy, for any additional use of the Facsimile Equipment not otherwise contemplated herein).

1.5. Standards of Providing Services. The Pharmacy shall provide its services in compliance with all applicable: (a) local, state and federal laws and regulations; (b) Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") standards; and (c) the Pharmacy's Policies and Procedures Manual (a copy of which will be made available upon written request of the Facility). For further clarification and not otherwise limiting the foregoing, the parties agree that any amounts charged and equipment provided by Pharmacy to Facility under the terms of this Agreement have been negotiated at arm's length and represent fair market value as required by the Federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b).

1.6. Pharmacy Consulting Services. At the Facility's written request, the Pharmacy will arrange for a third party consultant pharmacist to provide pharmacy consulting services to the Facility. Facility and Consultant will contract directly.

ARTICLE II

BILLING AND PAYMENT

2.1. Facility Information. The Facility will provide the Pharmacy with an accurate daily census report that will serve to inform the Pharmacy of each Resident's payor status (e.g. Medicaid, private pay, private insurance, etc.) and of all pertinent billing information. The Facility shall provide access via its EMAR system, to information regarding bed number changes, discharges, and admissions on a daily basis. The system shall also serve to promptly notify the Pharmacy of any changes in any Resident's payor status.

2.2. Medicaid. All Medicaid reimbursable prescriptions for Medicaid eligible Residents serviced in the Facility shall be billed directly to Medicaid by the Pharmacy. The Facility will not be billed any additional dispensing fees for legend drugs billed to Medicaid directly by the Pharmacy. The Pharmacy will hold Medicaid billings for Residents that have applied for Medicaid for up to six (6) months. After the six (6) month period, the charges may be billed to the Facility until the application is approved. If a Resident is denied Medicaid coverage, or if the Resident's Medicaid coverage date is not retroactive to the initial date of service, the Pharmacy will make efforts to collect privately for such charges. If Pharmacy is unable to collect privately, Pharmacy will share in the responsibility for amounts billed up to five thousand dollars (per resident) in charges, and charges in excess of this amount may be billed to the Facility, at the facility pricing schedule, for all prior services and charges that have not been paid by Medicaid, including all billings held by the Pharmacy. During the Pending Medicaid period, Pharmacy will submit a monthly invoice to the resident or responsible party, to keep them informed, or where a spend down is possible. Should the Facility terminate this Agreement, billings for pending Medicaid charges will follow these criteria. In no event will the Facility be responsible for paying for any services for which the Pharmacy receives payment from Medicaid.

2.3. Private Pay. All legend and non-legend drugs dispensed for private pay Residents will be billed at the Pharmacy's standard rates of pricing for Medications, as adjusted from time to time. The Pharmacy will bill Residents and/or payment guarantors or other persons responsible for payment (the "**Responsible Party**") directly for such services. The Facility will provide the Pharmacy with all information necessary for the Pharmacy to bill a payment guarantor or the Responsible Party, as necessary. The Facility will try to include a copy of the Pharmacy's "Individual Long-Term Care Pharmacy Services Agreement", attached to this Agreement as Exhibit C, within its admission paperwork, and have it signed by the Responsible Party and send to the Pharmacy where possible.

2.4. Third Party Payments. The Pharmacy will bill prescription charges directly to those private prescription plans (e.g. Paid Prescriptions, AARP, Aetna, PAAD) with which the Pharmacy has a contract to fill prescriptions. Any co-payments or portions of the prescription bill not paid by the private prescription plan will be billed to the Responsible Party. The Pharmacy reserves the right to abstain from participation with third party payors and to cancel participation contracts with third party payors. In the event that the Pharmacy does not participate with a Resident's third party plan, the Pharmacy will provide all documents within the Pharmacy's control (including, but not limited to: billing statements which are complete with date of service, pharmacist certification signature and National Drug Code) needed for the Resident or the Resident's guarantor to obtain reimbursement. Where the Facility holds contracts with managed care plans or other third party payors, it is the responsibility of the Facility to be aware of such contract terms as it relates to the Pharmacy's billing or carve-outs and to provide the Pharmacy with true, accurate, and complete information about such contract terms. The Pharmacy will bill such plans or payors as instructed by the Facility.

2.5. Part D. All prescriptions dispensed for Residents with Medicare Part D coverage only (no Medicaid) under prescription drug plans ("**PDPs**") with contracts with the Pharmacy will be billed directly to the applicable PDP, with any co-payments or non-covered charges, including charges for over-the-counter ("**OTC**") drugs and non-covered drugs, being billed to the Responsible Party. The Pharmacy will advise the Facility when a prescription drug requires a prior authorization or is not covered by the Resident's PDP. The Pharmacy will also assist and advise the Facility in obtaining prior authorization or approval to use a non-covered drug when a physician or prescriber deems that drug to be medically necessary. In the event that the PDP denies approval of a non-covered drug and the physician or prescriber declines to order a covered alternate drug, the original drug will be dispensed and the Responsible Party will be billed.

2.6. Dual Eligibles. All prescriptions dispensed for Residents with Medicare Part D coverage as well as Medicaid coverage ("dual eligible") under PDPs with contracts with the Pharmacy will be billed directly to the applicable PDP, with any co-payments or non-covered charges, billed to the PDP wherever the Medicare Part D Low-Income Subsidy is updated. The Pharmacy will advise the Facility when a prescription drug is not covered by the Resident's PDP. The Pharmacy will also assist and advise the Facility in obtaining approval to use a non-covered drug when a physician or prescriber deems that drug to be medically necessary. In the event that the PDP denies approval of a non-covered drug and the physician or prescriber declines to order a covered alternate drug, the original drug will be dispensed only in accordance with the process set forth by the Chief Clinical Officer, which allows for opportunity to seek alternative options if available, and the Facility will be responsible for payment of the charges. In this case, drugs will be billed to the Facility at the Facility pricing schedule. For prescription drugs where there may be "wrap around" coverage by Medicaid, the Pharmacy will bill Medicaid.

2.7. Non-Prescription Drugs. The Facility may order OTC drugs from the Pharmacy and such drugs will be billed to the Facility at bulk discounted prices in accordance with the Pharmacy's normal pricing schedule.

2.8. Returns. Returns may be accepted where permitted by law. Refrigerated products, opened drops, creams, and ointments, opened or partially used inhalers, or any other items that cannot be restocked are not eligible for credit. Special order Medications and items which may only be dispensed in their full quantities will not be eligible for credit. No restocking fee will apply to each creditable return.

2.9. Invoices. The Pharmacy shall submit invoices on a monthly basis to the Facility for the services rendered which are the responsibility of the Facility, including, but not necessarily limited to, Medications provided under a Resident's Medicare Part A stay, managed care plans as applicable, or where applicable law or third party mandate requires that the Facility be billed for drugs and supplies. All invoiced amounts are due within ninety (90) days from the date of the invoice. A finance charge of half percent (.5%) per month may be assessed on unpaid balances after ninety (90) days. The Facility will notify the Pharmacy in writing within sixty (60) days of the billing date of the Pharmacy's invoice indicating any amounts in dispute and Pharmacy will rebill where possible or insurance windows are still open. In the event of any dispute arising from any claim or bill submitted by the Pharmacy, the Pharmacy will have access to all reasonable and necessary documents and records that would, in the discretion of the Pharmacy, tend to sustain its claim.

6.30.17 2.10. Changes in Fees. If changes in: (i) federal, state or local law, regulation or controlling legal interpretation; (ii) ~~local market conditions~~; including an increase in the wholesale price of pharmaceuticals, occur that require the Pharmacy to increase its costs in order to carry out its obligations under this Agreement then the Pharmacy may, no more often than every three (3) months, increase its rates hereunder if mutually agreed upon by Facility, by delivering written notice of such increase to the Facility at least thirty (30) days in advance of the effective date of such increase. Pharmacy will provide substantiated evidence of increased pharmacy cost or compliance criteria warranting the price increase.

2.11. Negotiation. All fees and services noted in the above categories will be negotiated between the two parties before any renewal term, but shall remain as set forth herein unless otherwise mutually agreed by the parties. Any such mutually determined changes will be reflected as written amendments to this Agreement.

2.12. Miscellaneous. The Terms and Conditions attached hereto as Exhibit A are incorporated herein and made a part of this Agreement. All terms defined in this Agreement shall have the same meaning in the Terms and Conditions.

ARTICLE III

RESPONSIBILITIES AND DUTIES OF FACILITY

3.1. Operational. The Facility will be responsible for the implementation of the Pharmacy's policies and procedures upon the commencement of this Agreement. The Facility will also provide a copy of the Pharmacy's formulary and related procedures to key prescribing physicians and any consultant pharmacist furnishing services at the Facility, encourage the physicians and pharmacists to use the formulary and procedures in order to assist the physicians and the Pharmacy in improving drug therapy for Residents, and refrain from distributing or recommending the use of any other formulary at the Facility. In addition, the Facility will make available to the Pharmacy adequate working and storage space to allow the Pharmacy to fulfill the services required of the Pharmacy under this Agreement, including, but not limited to, adequate space at each nursing station for the storage of medication carts, containers or cards and equipment to be provided by the Pharmacy. The Facility and the Pharmacy will work together to instruct the Facility personnel to utilize the equipment properly.

3.2. Equipment. The Facility shall: (i) properly care for and maintain any and all equipment provided by the Pharmacy in accordance with this Agreement (ii) immediately return to the Pharmacy all of the aforementioned equipment in good operating condition, upon termination of this Agreement.

3.3. Right to Choose. The Facility will comply with all applicable federal, state and local laws and regulations regarding a Resident's right to choose his or her own pharmacy provided that such pharmacy can meet the care standards established by the Facility and provide the services in a manner that complies with the policies and procedures of the Facility. The parties acknowledge that the Facility shall assume ultimate responsibility for ensuring a Resident's right to choose his/her pharmacy provider in compliance with applicable law and best practice.

3.4. Standards of Providing Services. The Facility shall comply with all applicable: (a) local, state and federal laws and regulations; (b) JCAHO standards; and (c) the Facility's policies and procedures.

3.5. Access. The Facility will give the Pharmacy reasonable access to all Resident records, facilities and supplies necessary for the performance of the Pharmacy duties under this Agreement, and the Pharmacy will furnish to the Facility, upon request, all information relating to the products furnished to the Facility or to the Residents.

ARTICLE IV

TERM AND TERMINATION

4.1. Term. The initial term (the "**Initial Term**") of this Agreement shall commence on the Effective Date for one year, unless earlier terminated pursuant to Section 4.3 below.

4.2. Renewal Term. This Agreement shall automatically renew for successive one (1) year terms (each a "**Renewal Term**") upon the expiration of the Initial Term and each subsequent Renewal Term, unless written notice of non-renewal is given, in the manner set forth under "Notices" on Exhibit A, by either party at least ninety (90) days prior to the expiration of the Initial Term or any Renewal Term.


4.3. Termination.

(a) By Pharmacy or Facility. Either Party may terminate this Agreement, with or without cause, upon thirty (30) days written notice to the other Party.

(i)

(b) Notwithstanding the foregoing, no notice of termination or non-renewal by the Facility shall be effective until the Facility is current in its payments due per payment terms outlined in section 2.9. 6.29.17

4.4. Effects of Termination.

(a) Survival. The indemnification, contribution, and duty to cooperate provisions of this Agreement shall survive the expiration of this Agreement or other termination of this Agreement indefinitely. 

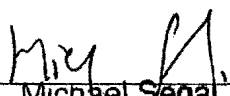
(b) Fees and Expenses. The Facility shall remain liable for all fees and expenses under this Agreement for Medications and services provided by Pharmacy through the date of termination. Upon termination of this Agreement for any reason, all sums due to the Pharmacy pursuant to this Agreement or any related Pharmacy Consultant Services Agreement shall be remitted by the Facility within usual invoicing terms of ninety (90) days. If the outstanding balance is not paid on time, the Pharmacy will charge the Facility half percent (.5%) interest per month to the outstanding balance until it is paid.

4.5. Counterparts; Facsimile. This Agreement may be executed in one or more counterparts, including by facsimile or .pdf, all of which shall be considered one and the same agreement, and shall become effective when one or more such counterparts have been signed by each of the parties and delivered to the other party.

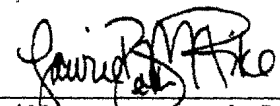
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IN WITNESS WHEREOF, the parties to this Agreement, intending to be legally bound, have duly executed this Pharmaceutical Services Contract on the date first above written.

PHARMScript OF TEXAS LLC

By: 
Name: Michael Segal
Title: CEO

Remarkable Healthcare of Dallas

By: 
Printed Name: Laurie Beth McPike
Title: President/CEO

PRICING SCHEDULE

Services	Fee
Oral/Topical Medications RX and OTC	Brand: AWP-15% Generic: AWP-75% Dispense Fee: \$3.50
IV	Brand: AWP-15% Generic: AWP-40% Dispense Fee: \$3.50
IV Pump Rentals	\$4.00 per day
TPN	\$140 per day
IV Supplies	AWP
House Stock	AWP-10%

No item will be billed below pharmacy cost, taking any facility discounts into consideration

Pharmacy source for AWP is currently from Medispan.

Pricing sample using June 2017 AWP, by NDC number, is attached hereto as Exhibit B.

EXHIBIT A
TERMS AND CONDITIONS

REPRESENTATIONS AND WARRANTIES OF THE FACILITY

The Facility makes the following representations and warranties to the Pharmacy, each of which is true and correct on the Effective Date of the Agreement:

1. The Facility is a limited partnership duly organized, validly existing and in good standing under the laws of the State of Texas and has all requisite power and authority to own, lease, operate and otherwise hold its properties and assets and to carry on its businesses as presently conducted.
2. The Facility has all requisite power and legal authority to execute and deliver this Agreement and to perform its obligations hereunder. The execution and delivery of this Agreement by the Facility and the performance by it of its obligations hereunder have been duly authorized and no other action on the part of the Facility is necessary to authorize the execution and delivery of this Agreement or the consummation of the obligations of the Facility contemplated hereby. This Agreement has been duly and validly executed and delivered by the Facility and constitutes a legal, valid and binding obligation of the Facility enforceable against it in accordance with its terms.
3. The Facility has all consents of any governmental authority or any other person that is necessary for consummation of the obligations of the Facility contemplated by this Agreement. Neither the execution and delivery of this Agreement by the Facility nor the consummation by the Facility of the obligations contemplated by this Agreement nor compliance by the Facility with any of the provisions hereof or thereof will: (a) conflict with or result in any breach of any provision of the articles of organization or operating agreement of the Facility; (b) result in a violation or breach of, or constitute (with or without due notice or lapse of time or both) a default (or give rise to any right of termination, modification, cancellation or acceleration or loss of material benefits) under, any of the terms, conditions or provisions of any contract to which the Facility is a party or may be subject or by which the Facility or any of its properties or assets may be bound; or (c) violate any order, writ, injunction, decree, statute, treaty, rule or regulation applicable to the Facility, or any of its properties or assets.

REPRESENTATIONS AND WARRANTIES OF THE PHARMACY

The Pharmacy makes the following representations and warranties to the Facility, each of which is true and correct on the Effective Date of this Agreement:

1. The Pharmacy is a limited liability company duly organized, validly existing and in good standing under the laws of the State of Texas and has all requisite power and authority to own, lease, operate and otherwise hold its properties and assets and to carry on its businesses as presently conducted.
2. The Pharmacy has all requisite power and legal authority to execute and deliver this Agreement and to perform its obligations hereunder. The execution and delivery of this Agreement by the Pharmacy and the performance by it of its obligations hereunder have been duly authorized and no other action on the part of the Pharmacy is necessary to authorize the execution and delivery of this Agreement or the consummation of the obligations of the Pharmacy contemplated hereby. This Agreement has been duly and validly executed and delivered by the Pharmacy and constitutes a legal, valid and binding obligation of the Pharmacy enforceable against it in accordance with its terms.
3. The Pharmacy has all material consents of any governmental authority or any other person that is necessary for consummation of the obligations of the Pharmacy contemplated by this Agreement. Neither the execution and delivery of this Agreement by the Pharmacy nor the consummation by the

Pharmacy of the obligations contemplated by this Agreement nor compliance by the Pharmacy with any of the provisions hereof or thereof will: (a) conflict with or result in any breach of any provision of the articles of organization or operating agreement of the Pharmacy; (b) result in a violation or breach of, or constitute (with or without due notice or lapse of time or both) a default (or give rise to any right of termination, modification, cancellation or acceleration or loss of material benefits) under, any of the terms, conditions or provisions of any contract to which the Pharmacy is a party or may be subject or by which the Pharmacy or any of its properties or assets may be bound; or (c) violate any order, writ, injunction, decree, statute, treaty, rule or regulation applicable to the Pharmacy, or any of its properties or assets.

4. The Pharmacy holds all material permits necessary for the lawful conduct of its business under and pursuant to all applicable laws. All material permits have been legally obtained and maintained and are valid and in full force and effect. The Pharmacy is licensed by the Texas Board of Pharmacy.

INDEMNIFICATION

1. Pharmacy Indemnification. The Pharmacy agrees to indemnify and hold harmless the Facility and its owners, members, affiliates, parents, subsidiaries, managers, officers, directors, subcontractors, successors, assigns, agents, trustees and employees against any and all loss, damage, liability and expense, including court costs and reasonable legal fees which directly result from or arise out of the negligent, reckless or willfully malfeasant acts or omissions of the Pharmacy, its agents and employees.
2. Facility Indemnification. The Facility agrees to indemnify and hold harmless the Pharmacy and its owners, members, affiliates, parents, subsidiaries, managers, officers, directors, subcontractors, successors, assigns, agents, trustees and employees against any and all loss, damage, liability and expense, including court costs and reasonable legal fees which directly result from or arise out of the negligent, reckless or willfully malfeasant acts or omissions of the Facility, its agents and employees.
3. Notification. Each party agrees to promptly notify the other party of any claims or demands which arise and for which indemnification hereunder is sought.
4. Limitations. Notwithstanding anything to the contrary contained herein, the Pharmacy's indemnification obligations shall not exceed the actual amount paid to the Pharmacy for the services performed pursuant to this Agreement during the 12 months prior to a claim and shall not include expectancy, incidental, indirect or consequential damages (including lost profits), punitive, continuing, criminal, exemplary, rescissory, remote, special, speculative, or unliquidated damages or any other damages except those expressly permitted herein, whether in an action for or arising out of breach of contract, for tort, or any other cause of action.

MISCELLANEOUS

1. Retention of Control. The Facility shall at all times continue to exercise control over the assets and operations of the Facility, and the Pharmacy shall perform its responsibilities as described in this Agreement. By entering into this Agreement, the Facility does not delegate to the Pharmacy any of the powers, duties and responsibilities vested in the Facility by law, or by its governance documents.
2. Insurance. Both parties agree to keep in force with companies licensed to do business in the State of Texas, professional and liability insurance with minimum limits of two hundred fifty thousand dollars (\$250,000) per occurrence and seven hundred fifty thousand dollars (\$750,000) in the aggregate, and provide evidence of such insurance upon written request.
3. Further Efforts. From time to time after the execution of this Agreement, without additional consideration, each party hereto will (or, if appropriate, cause its affiliates to) execute and deliver such further instruments and take such other action as may be necessary or reasonably requested by the other

party to allow the Pharmacy to perform its obligations contemplated by this Agreement and to provide the other party with the intended benefits of this Agreement.

4. Governing Law. This Agreement will be governed by and construed in accordance with the internal laws of the State of Texas applicable to agreements made and to be performed entirely within such State, without regard to the conflicts of law principles that would require the application of any other law.
5. Attorneys' Fees. If any action or proceeding for the enforcement of this Agreement is brought with respect to or because of an alleged dispute, breach, default or misrepresentation in connection with any of the provisions hereof, the successful or prevailing party shall be entitled to recover reasonable attorneys' fees, expenses and other costs incurred in that action or proceeding, in addition to any other relief to which it may be entitled.
6. Waiver; Remedies Cumulative. The rights and remedies of the parties to this Agreement are cumulative and not alternative. Neither any failure nor any delay by any party in exercising any right, power or privilege under this Agreement will operate as a waiver of such right, power or privilege, and no single or partial exercise of any such right, power or privilege will preclude any other or further exercise of such right, power or privilege or the exercise of any other right, power or privilege. To the maximum extent permitted by applicable law: (a) no claim or right arising out of this Agreement can be discharged by one party, in whole or in part, by a waiver or renunciation of the claim or right unless in writing signed by the other party; (b) no waiver that may be given by a party will be applicable except in the specific instance for which it is given; and (c) no notice to or demand on one party will be deemed to be a waiver of any obligation of that party or of the right of the party giving such notice or demand to take further action without notice or demand as provided in this Agreement.
7. Duty to Cooperate. In the event that a third party, an employee, or a government agency or entity files any type of claim, lawsuit or charge against the Pharmacy, the Facility or both, alleging a violation of any law or failure to do something which was otherwise required by law, the Pharmacy and the Facility mutually agree to cooperate with each other in the defense of any such claim, lawsuit or charge. The Pharmacy and the Facility will, subject to appropriate provisions regarding attorney-client privilege and other confidentiality privileges, make available to each other upon request any and all records, electronic records, data or documents that either party has in its possession which relate to any such claim, lawsuit or charge. However, neither party shall have the duty to cooperate with the other if the dispute is between the parties themselves, nor shall this provision preclude the raising of cross claims or third party claims between the Facility and the Pharmacy.
8. Confidentiality. The Facility agrees that it shall not at any time disclose to any third party without the prior written consent of the Pharmacy any of the terms (including, without limitation, pricing) or conditions of this Agreement or any discussions, negotiations, or other information relating to this Agreement; provided, however, that the Facility may disclose any of the above for reasons of advisory, legal, accounting, or regulatory requirements if each such party to whom the Facility discloses is under a written confidentiality agreement regarding such disclosures and the Pharmacy is a named beneficiary of such confidentiality agreement. The parties agree that the Facility's breach of this paragraph would cause irreparable injury to the Pharmacy for which monetary damages would not be an adequate remedy. The parties therefore agree that in addition to pursuing any other remedies it may have in law or in equity, the Pharmacy may obtain injunctive relief in any court, foreign or domestic, having the capacity to grant such relief, to restrain any such breach by the Facility. This paragraph shall survive the termination of this Agreement.
9. Preservation of and Access to Books and Records.
 - (a) Pursuant to Paragraph 1395x(v)(I) of Title 42 of the United States Code, until the expiration of four (4) years after each provision of services under this Agreement, the Pharmacy shall make

available, upon written request of the Secretary of the United States Department of Health and Human Services or upon request to the Comptroller General of the United States General Accounting Office or any of their duly authorized representatives, a copy of this Agreement and such books, documents, and records as are necessary to certify the nature and extent of the costs incurred under this Agreement.

- (b) The Pharmacy further agrees that in the event the Pharmacy carries out any of its duties under this Agreement through a subcontract, with a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, with a related organization, such contract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request, to the Secretary of the United States Department of Health and Human Services or upon request of the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of such subcontract and such books, documents, and records of such organization as are necessary to verify the nature and extent of such costs.
10. Notices. All notices or other communications required under this Agreement shall be in writing and shall be deemed delivered: (a) when hand delivered personally to the recipient; (b) one (1) business day (excluding weekends and federally-recognized holidays) after being sent to the recipient by reputable overnight courier service (charges prepaid); or (c) five (5) days after being mailed to the recipient by certified or registered mail, return receipt requested and postage prepaid, to the parties at the addresses listed in the first paragraph of this Agreement (or at such other addresses for a party as shall be specified by like notice).
11. No Solicitation of Employees. During the term of this Agreement, neither party shall, and both parties shall cause each of their affiliates not to, directly or indirectly, without the prior consent of the other party, employ, attempt to employ, or cause or encourage others to employ or attempt to employ employees or contractors of the other party or its subsidiaries.
12. Assignment. This Agreement shall be binding upon, and shall be enforceable by, and inure solely to the benefit of, the parties hereto and their respective successors and assigns; provided, however, that this Agreement and the rights and obligations hereunder shall not be assignable or transferable by any party without the prior written consent of the other parties hereto, except that the Pharmacy's rights under this Agreement may be assigned for collateral purposes to any financing party and may be assigned to any affiliate of the Pharmacy. For purposes of this Agreement, a Change of Control is considered an assignment.
13. Change of Control Transactions. This Agreement shall survive any Change of Control (as defined below) of Facility and will be binding upon any New Party (as defined below) and successors and assigns. The Facility shall provide the Pharmacy with at least thirty (30) days' prior written notice (a "Change of Control Notice") of any proposed Change of Control, which Change of Control Notice shall include information regarding the identity and ownership of such New Party and such other information relating to the Change of Control reasonably requested by the Pharmacy. Upon receiving a Change of Control Notice, the Pharmacy shall have the right to elect, in its sole discretion, to: (a) terminate this Agreement upon thirty (30) days prior written notice to the Facility; or (b) continue providing services to the Facility. In the event the proposed Change of Control is to occur by the disposition of all or substantially all of the assets of the Facility, the Facility shall cause the New Party to assume all of the Facility's rights, duties and obligations under this Agreement in writing (the "Novation Letter") and shall deliver such Novation Letter to the Pharmacy along with a copy of such New Party's most recent annual and interim financial statements prior to the consummation of such Change of Control. The Facility acknowledges and agrees that the foregoing obligations upon a Change of Control Transaction are a material part of this Agreement and any violation of this provision shall

constitute a breach of this Agreement. "Change of Control" means a sale, transfer, assignment or other disposition of the Facility or of all or substantially all of the assets or direct or indirect equity ownership of the Facility, or upon any other direct or indirect change of control of the Facility. "New Party" means the purchaser, assignee, transferee, or new controlling entity, as applicable.

14. No Third-Party Beneficiaries. Except as expressly provided in this Agreement, this Agreement is for the sole benefit of the parties hereto and their permitted assigns and nothing herein expressed or implied shall give or be construed to give to any, other than the parties to this Agreement and such assigns, any legal or equitable rights, remedy or claim under this Agreement.
15. Amendments. No amendment to this Agreement shall be effective unless it shall be in writing and signed by each of the parties to this Agreement.
16. Interpretation. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
17. Entire Agreement. This Agreement contains the entire agreement and understanding between the parties to this Agreement with respect to the subject matter hereof and supersedes all prior oral and written agreements and understandings relating to such subject matter.
18. Severability. If any provision of this Agreement or the application of any such provision to any person or circumstance shall be held invalid, illegal or unenforceable in any respect by a court of competent jurisdiction, such invalidity, illegality or unenforceability shall not affect any other provision hereof.
19. Mutual Drafting. The parties hereto are sophisticated and have been represented by lawyers who have carefully negotiated the provisions of this Agreement. As a consequence, the parties do not intend that the presumptions of any laws or rules relating to the interpretation of contracts against the drafter of any particular clause should be applied to this Agreement and therefore waive their effects.

Exhibit B

PRICING AS OF JUNE 2017

NDC	Drug Name	Qty	Type	Price
00002446430	CIALIS 20MG TABLET	6.0	Brand	\$375.47
00002751017	HUMALOG 100UNIT/1ML UNIT	3.0	Brand	\$87.56
00002821517	HUMULIN R 100UNIT/1ML UNIT	3.0	Brand	\$49.00
00002871517	HUMULIN 70-30 100UNIT/1ML UNIT	3.0	Brand	\$49.00
00002879759	HUMALOG MIX 75-25 5'S 100UNIT/1	6.0	Brand	\$219.90
00003089321	ELIQUIS 2.5MG TABLET	30.0	Brand	\$201.56
00003089421	ELIQUIS 5MG TABLET	30.0	Brand	\$201.56
00004080085	TAMIFLU GELCAP 75MG CAPSULE	10.0	Brand	\$149.65
00006011254	JANUVIA 50MG TABLET	15.0	Brand	\$206.38
00006027754	JANUVIA F/C 100MG TABLET	15.0	Brand	\$206.38
00006494300	PNEUMOVAX 23 (SDV) 25MCG/.5ML	1.0	Brand	\$180.39
00008084402	PROTONIX 40MG SUSPDR PKT	15.0	Brand	\$204.08
00023429003	LASTACFT STERILE 0.25% DROPS	3.0	Brand	\$203.64
00023916330	RESTASIS 0.05% DROPERETTE	30.0	Brand	\$240.72
00024414260	MULTAQ 400MG TABLET	12.0	Brand	\$125.10
00032122401	CREON 24-76-120K CAPSULE DR	24.0	Brand	\$136.43
00037024523	DYMISTA 137-50MCG SPRAY/PUMP	23.0	Brand	\$185.77
00046110281	PREMARIN 0.625MG TABLET	15.0	Brand	\$83.05
00054001025	FLECAINIDE ACETATE 50MG TABLET	30.0	Generic	\$18.65
00054001729	PREDNISONE 10MG TABLET	15.0	Generic	\$4.40
00054001829	PREDNISONE 20MG TABLET	30.0	Generic	\$5.42
00054001925	PREDNISONE 50MG TABLET	5.0	Generic	\$4.01
00054008826	CALCIUM ACETATE 667MG CAPSULE	90.0	Generic	\$37.01
00054026425	HYDROMORPHONE HCL 4MG TABLET	15.0	Generic	\$5.80
00054040450	MORPHINE SULF 100MG/5ML SOLUT	10.0	Generic	\$5.51
00054327099	FLUTICASON PROPR 50MCG SPRAY S	16.0	Generic	\$22.32
00054354258	MEGESTROL 40MG/1ML ORAL SUSP	240.0	Generic	\$39.49
00054418325	DEXAMETHASONE 2MG TABLET	15.0	Generic	\$6.67
00054457125	METHADONE HCL 10MG TABLET	180.0	Generic	\$23.40
00054472831	PREDNISONE 5MG TABLET	15.0	Generic	\$4.34
00054474225	PREDNISONE 2.5MG TABLET	45.0	Generic	\$5.52
00064501030	SANTYL 250UNIT/G OINTMENT	30.0	Brand	\$212.40
00065000203	NEVANAC DROPTAINER 0.1% DROPS	3.0	Brand	\$244.48
00065027225	PATADAY 0.2% DROPS	2.5	Brand	\$172.93
00067434504	TRANSDERM-SCOP 1.5MG/72HR PAT	4.0	Brand	\$76.26
00071041824	NITROSTAT 0.4MG TAB SUBL	100.0	Brand	\$56.74
00071101268	LYRICA 25MG CAPSULE	15.0	Brand	\$108.88
00071101368	LYRICA 50MG CAPSULE	30.0	Brand	\$214.25
00071101468	LYRICA 75MG CAPSULE	15.0	Brand	\$108.88
00071101568	LYRICA 100MG CAPSULE	15.0	Brand	\$108.88
00071101668	LYRICA 150MG CAPSULE	15.0	Brand	\$108.88
00085113201	PROVENTIL HFA 90MCG HFA AER AD	6.7	Brand	\$80.37
00088222033	LANTUS 100 U/1ML VIAL-INS	10.0	Brand	\$256.98
00093003901	LAMOTRIGINE 25MG TABLET	60.0	Generic	
00093005305	BUSPIRONE HCL 5MG TABLET	90.0	Generic	\$20.33
00093005405	BUSPIRONE HCL 10MG TABLET	30.0	Generic	\$13.28
00093015010	ACETAMINOPHEN-COD #3 300MG-30	30.0	Generic	\$5.63

NDC	Drug Name	Qty	Type	Price
00093029201	CARBI/LEVO 10MG/100MG TABLET	45.0	Generic	\$14.83
00093029301	CARBIDOPA/LEVODOPA 25MG-100M	45.0	Generic	
00093032001	DILTIAZEM HCL 90MG TABLET	60.0	Generic	\$35.63
00093067005	GEMFIBROZIL 600MG TABLET	30.0	Generic	\$20.87
00093081001	NORTRIPTYLINE HCL 10MG CAPSULE	15.0	Generic	\$6.25
00093100305	BUSPIRONE HCL 15MG TABLET	45.0	Generic	\$25.89
00093101042	MUPIROCIN 2% OINTMENT	22.0	Generic	\$24.88
00093104810	METFORMIN HCL F/C 500MG TABLET	30.0	Generic	
00093112201	ETODOLAC F/C 400MG TAB.SR 24H	30.0	Generic	\$49.67
00093117410	PENICILLIN V POTASSIUM 500MG TA	30.0	Generic	
00093171201	WARFARIN SODIUM 1MG TABLET	7.5	Generic	\$4.65
00093171301	WARFARIN SODIUM 2MG TABLET	15.0	Generic	\$5.90
00093171401	WARFARIN SODIUM 2.5MG TABLET	15.0	Generic	\$5.97
00093171501	WARFARIN SODIUM 3MG TABLET	15.0	Generic	\$5.98
00093171601	WARFARIN SODIUM 4MG TABLET	30.0	Generic	\$8.48
00093171801	WARFARIN SODIUM 6MG TABLET	15.0	Generic	\$7.06
00093171901	WARFARIN SODIUM 7.5MG TABLET	15.0	Generic	\$7.18
00093172001	WARFARIN SODIUM 10MG TABLET	15.0	Generic	\$7.32
00093172101	WARFARIN SODIUM 5MG TABLET	15.0	Generic	\$6.01
00093204905	TOLTERODINE TARTRATE ER 4MG CA	3.0	Generic	\$12.94
00093205098	TOLTERODINE TART ER 2MG CAP ER	15.0	Generic	\$57.36
00093206310	QUETIAPINE FUMARATE F/C 25MG T	30.0	Generic	
00093220401	METOCLOPRAMIDE HCL 5MG TABLET	30.0	Generic	\$5.99
00093220405	METOCLOPRAMIDE HCL 5MG TABLET	56.0	Generic	\$8.12
00093221001	SUCRALFATE 1GM TABLET	60.0	Generic	\$15.53
00093221005	SUCRALFATE 1GM TABLET	30.0	Generic	\$9.34
00093304401	VERAPAMIL ER F/C 180MG TABLET E	15.0	Generic	\$8.90
00093304505	VERAPAMIL ER F/C 240MG TABLET E	15.0	Generic	
00093423310	BUMETANIDE 1MG TABLET	15.0	Generic	\$8.39
00093435905	CLOZAPINE 25MG TABLET	30.0	Generic	\$12.87
00093517144	ALENDRONATE SOD 70MG TABLET	15.0	Generic	\$80.33
00093520801	OXYBUTYNIN CL ER 15MG TAB ER 24	15.0	Generic	\$16.15
00093576710	OLANZAPINE 2.5MG TABLET	15.0	Generic	\$45.49
00093576810	OLANZAPINE 5MG TABLET	2.0	Generic	\$10.10
00093577001	OLANZAPINE 10MG TABLET	7.0	Generic	\$38.35
00093585001	ESCITALOPRAM OXALATE 5MG TABL	13.0	Generic	\$16.95
00093585101	ESCITALOPRAM OXALATE 10MG TAB	15.0	Generic	\$19.72
00093585105	ESCITALOPRAM OXALATE F/C 10MG	15.0	Generic	\$19.72
00093585205	ESCITALOPRAM OXALATE F/C 20MG	15.0	Generic	\$20.43
00093681573	BUDESONIDE 0.25MG/2ML AMPUL-N	60.0	Generic	\$114.29
00093681673	BUDESONIDE 0.5MG/2ML AMPUL-N	60.0	Generic	\$119.67
00093716505	CELECOXIB 100MG CAPSULE	10.0	Generic	
00093721410	METFORMIN HCL F/C 1000MG TABLET	30.0	Generic	\$14.38
00093727098	PRAVASTATIN SODIUM 80MG TABLET	15.0	Generic	
00093731405	CLOPIDOGREL 75MG TABLET	15.0	Generic	\$29.60
00093736410	LOSARTAN POTASSIUM F/C 25MG TA	15.0	Generic	\$9.81
00093736510	LOSARTAN POTASSIUM F/C 50MG TA	15.0	Generic	\$11.98
00093736610	LOSARTAN POTASSIUM 100MG TABL	15.0	Generic	\$15.06
00093736698	LOSARTAN 100MG TABLET	15.0	Generic	\$15.06

NDC	Drug Name	Qty	Type	Price
00093738498	VENLAFAXINE HCL ER 37.5MG CAP.SR	15.0	Generic	\$19.11
00093738656	VENLAFAXINE HCL ER 150MG CAP.SR	10.0	Generic	\$16.21
00093738698	VENLAFAXINE HCL ER 150MG CAP.SR	30.0	Generic	\$41.62
00093742610	MONTELUKAST SODIUM 10MG TABL	15.0	Generic	\$24.71
00093816210	QUETIAPINE FUMARATE 100MG TAB	15.0	Generic	
00093816310	QUETIAPINE FUMARATE 200MG TAB	15.0	Generic	
00093816510	QUETIAPINE FUMARATE 400MG TAB	22.5	Generic	
00093816610	QUETIAPINE FUMARATE 50MG TABL	30.0	Generic	\$52.75
00093834305	GLYBURIDE 2.5MG TABLET	15.0	Generic	\$5.22
00093834310	GLYBURIDE 2.5MG TABLET	15.0	Generic	\$5.22
00093894005	ACYCLOVIR 200MG CAPSULE	2.0	Generic	\$3.96
00115053302	FENOFIBRATE MICRONIZED 200MG C	15.0	Generic	
00115201101	ORPHENADRINE CITRATE 100MG TAB	15.0	Generic	\$11.65
00115351101	PYRIDOSTIGMINE BROMIDE 60MG TA	60.0	Generic	\$43.43
00115552210	FENOFIBRATE F/C 160MG TABLET	15.0	Generic	\$12.41
00116200116	CHLORHEXIDINE GLUC 0.12% MOUTH	473.0	Generic	\$6.10
00121046516	POTASSIUM CL 10% 20MEQ/15ML LI	473.0	Generic	\$26.57
00126007292	PREVIDENT 12'S, FRUITASTIC 1.1 % P	100.0	Brand	\$16.05
00143314205	DOXYCYCLINE HYCLATE 100MG CAPS	20.0	Generic	\$31.16
00143972601	TESTOSTERONE CYPIONATE MDV 200	10.0	Generic	\$42.00
00143992701	CIPROFLOXACIN HCL F/C 250MG TAB	14.0	Generic	\$19.58
00143992801	CIPROFLOXACIN HCL F/C 500MG TAB	20.0	Generic	\$30.34
00168000480	TRIAMCINOLONE ACT 0.1% CREAM	80.0	Generic	\$6.99
00168005430	NYSTATIN 100000UNIT/1GM CREAM	30.0	Generic	\$10.06
00169183311	NOVOLIN R 100U/ML VIAL-INS	10.0	Brand	\$143.95
00169183411	NOVOLIN N 100 U/1ML VIAL-INS	10.0	Brand	\$143.95
00169368512	NOVOLOG MIX 70-30 U/ML VIAL-INS	10.0	Brand	\$295.05
00169368712	LEVEMIR 100 U/1ML VIAL-INS	10.0	Brand	\$277.88
00169406013	VICTOZA 3-PAK 0.6MG/0.1ML PEN IN	3.0	Brand	\$277.77
00169643810	LEVEMIR FLEXTOUCH 100UNIT/1ML	3.0	Brand	\$85.81
00169706515	GLUCAGEN 1MG VIAL	1.0	Brand	\$269.74
00169750111	NOVOLOG 100UNIT/1ML VIAL-INS	10.0	Brand	\$284.60
00172290780	FUROSEMIDE 40MG TABLET	15.0	Generic	
00172290880	FUROSEMIDE 20MG TABLET	15.0	Generic	
00172392670	DIAZEPAM 5MG TABLET	30.0	Generic	\$5.00
00172409680	BACLOFEN 10MG TABLET	30.0	Generic	\$20.47
00172409780	BACLOFEN 20MG TABLET	60.0	Generic	\$73.96
00172435770	RANITIDINE HCL 150MG TABLET	8.0	Generic	
00172435860	RANITIDINE HCL 300MG TABLET	15.0	Generic	
00172572880	FAMOTIDINE 20MG TABLET	30.0	Generic	\$21.67
00172572970	FAMOTIDINE F/C 40MG TABLET	15.0	Generic	\$21.06
00173068220	VENTOLIN HFA 90MCG AER W/ADAP	18.0	Brand	\$56.73
00173068224	VENTOLIN HFA 60 ACTUATIONS 90M	8.0	Brand	\$24.72
00173069504	ADVAIR DISKUS 100-50MCG DISK W/	14.0	Brand	\$145.48
00173069700	ADVAIR DISKUS 500-50MCG DISK W/	60.0	Brand	\$488.32
00173069704	ADVAIR DISKUS 500-50MCG DISK W/	14.0	Brand	\$234.92
00173071622	ADVAIR HFA DOSE COUNTER, 60 INH	1.0	Brand	\$28.35
00173085910	BREO ELLIPTA 30DOSE 100-25MCG A	1.0	Brand	\$8.97
00173085914	BREO ELLIPTA 14DOSE 100-25MCG A	1.0	Brand	\$8.02

NDC	Drug Name	Qty	Type	Price
00173088210	BREO ELLIPTA 30DOSE 200-25 MCG B	1.0	Brand	\$8.97
00173088214	BREO ELLIPTA 14DOSE 200-25 MCG B	1.0	Brand	\$8.02
00185002510	LISINOPRIL 2.5MG TABLET	15.0	Generic	\$5.93
00185005301	BENAZEPRIL HCL F/C 10MG TABLET	15.0	Generic	\$7.28
00185010210	LISINOPRIL 20MG TABLET	30.0	Generic	\$11.56
00185010310	LISINOPRIL 30MG TABLET	15.0	Generic	\$9.15
00185010410	LISINOPRIL 40MG TABLET	15.0	Generic	\$9.40
00185012201	NITROFURAN MONO-MCR 100MG CA	15.0	Generic	\$27.47
00185012901	BUMETANIDE 1MG TABLET	15.0	Generic	\$7.59
00185014405	AMIODARONE HCL 200MG TABLET	15.0	Generic	\$16.18
00185020501	METHIMAZOLE 5MG TABLET	15.0	Generic	\$5.17
00185061010	LISINOPRIL 10MG TABLET	15.0	Generic	\$7.27
00185062010	LISINOPRIL 20MG TABLET	15.0	Generic	\$7.53
00185064010	LISINOPRIL 40MG TABLET	15.0	Generic	\$12.00
00185067501	ETODOLAC F/C 400MG TABLET	30.0	Generic	\$16.86
00185094098	CHOLESTYRAMINE ORANGE 4GM PA	30.0	Generic	\$54.99
00186037020	SYMBICORT 160-4.5MCG HFA AER AD	1.0	Brand	\$34.37
00186037028	SYMBICORT 160-4.5MCG HFA AER AD	1.0	Brand	\$39.16
00186037220	SYMBICORT 80-4.5MCG HFA AER AD	1.0	Brand	\$30.51
00186091612	PULMICORT 180MCG AER POW BA	1.0	Brand	\$224.34
00186402001	NEXIUM U-D 20MG SUSPDR PKT	15.0	Brand	\$141.72
00206886102	ZOSYN 3.375 GM 50 MLS	12.0	Brand	\$283.67
00228202796	ALPRAZOLAM 0.25MG TABLET	30.0	Generic	
00228202996	ALPRAZOLAM 0.5MG TABLET	30.0	Generic	
00228203196	ALPRAZOLAM 1MG TABLET	30.0	Generic	
00228212750	CLONIDINE HCL 0.1MG TABLET	30.0	Generic	\$5.40
00228212850	CLONIDINE HCL 0.2MG TABLET	30.0	Generic	\$6.26
00228253910	CARBIDOPA/LEVODOPA 25MG-100M	270.0	Generic	\$62.36
00228253996	CARBIDOPA/LEVO 25MG-100MG TAB	45.0	Generic	\$12.82
00228254096	CARBIDOPA/LEVO 25MG-250MG TAB	45.0	Generic	\$15.38
00228263111	ISOSORBIDE MN 10MG TABLET	22.5	Generic	\$14.55
00228263650	GABAPENTIN 600MG TABLET	30.0	Generic	\$22.45
00228263711	GABAPENTIN 800MG TABLET	45.0	Generic	
00228282011	HYDROCHLOROTHIAZIDE 12.5MG TA	15.0	Generic	\$6.59
00228300350	CLONAZEPAM 0.5MG TABLET	15.0	Generic	\$6.16
00228300450	CLONAZEPAM 1MG TABLET	60.0	Generic	
00228300511	CLONAZEPAM 2MG TABLET	45.0	Generic	\$16.82
00228300550	CLONAZEPAM 2MG TABLET	45.0	Generic	\$17.22
00245003660	PREVALITE 4GM PACKET	30.0	Brand	\$133.89
00264310511	CEFAZOLIN DUPLEX DRUG DELIVERY	3.0	Generic	\$21.08
00310028160	SEROQUEL XR F/C 150MG TAB.SR 24	2.0	Brand	\$33.58
00310028360	SEROQUEL XR 300MG TAB.SR 24H	5.0	Brand	\$112.03
00310075190	CRESTOR COATED 10MG TABLET	15.0	Brand	\$136.56
00310075590	CRESTOR COATED 5MG TABLET	15.0	Brand	\$136.56
00338004904	SODIUM CHLORIDE 0.9% 1000 MLS	4.0	Generic	\$14.50
00338105548	METRONIDAZOLE RTU 500 MG 100 M	11.0	Generic	\$3.57
00338355248	VANCOMYCIN 1 GM 200 MLS	2.0	Generic	\$55.29
00338358048	VANCOMYCIN 750 MG 150 MLS	1.0	Generic	\$12.20
00338358048	VANCOMYCIN 750 MG 150 MLS	1.0	Generic	\$12.20

NDC	Drug Name	Qty	Type	Price
00378001801	METOPROLOL TART 25MG TABLET	30.0	Generic	\$5.32
00378001805	METOPROLOL TARTRATE 25MG TABL	30.0	Generic	\$5.32
00378004505	DILTIAZEM HCL 60MG TABLET	60.0	Generic	\$26.59
00378008801	CARBIDOPA/LEVO ER 25MG-100MG	90.0	Generic	\$25.71
00378013505	DILTIAZEM HCL 90MG TABLET	60.0	Generic	\$35.63
00378013710	ALLOPURINOL 100MG TABLET	30.0	Generic	\$7.12
00378018105	ALLOPURINOL 300MG TABLET	15.0	Generic	\$6.96
00378023110	ATENOLOL 50MG TABLET	15.0	Generic	
00378024301	SPIRONOLACTONE 50MG TABLET	30.0	Generic	
00378024305	SPIRONOLACTONE 50MG TABLET	30.0	Generic	
00378025701	HALOPERIDOL 1MG TABLET	30.0	Generic	\$7.43
00378035301	NIFEDIPINE ER 30MG TABLET ER	15.0	Generic	\$8.73
00378036001	NIFEDIPINE ER F/C 60MG TABLET ER	15.0	Generic	\$12.81
00378043701	SPIRONOLACTONE 100MG TABLET	16.0	Generic	
00378048101	NIFEDIPINE ER F/C 60MG TAB ER 24	30.0	Generic	
00378049401	NIFEDIPINE ER F/C 90MG TAB ER 24	15.0	Generic	\$13.11
00378052501	DILTIAZEM HCL 120MG TABLET	15.0	Generic	\$14.32
00378075710	ATENOLOL 100MG TABLET	15.0	Generic	
00378087299	CLONIDINE 0.2MG24H PATCH TDWK	2.0	Generic	\$53.41
00378100501	AZATHIOPRINE 50MG TABLET	90.0	Generic	\$51.00
00378105310	ENALAPRIL MALEATE 10MG TABLET	15.0	Generic	\$10.79
00378110491	MEMANTINE HCL 10MG TABLET	30.0	Generic	\$49.22
00378110505	GLIPIZIDE 5MG TABLET	15.0	Generic	
00378111005	GLIPIZIDE 10MG TABLET	15.0	Generic	
00378145401	ESTRADIOL 1MG TABLET	15.0	Generic	\$4.92
00378156010	PHENYTOIN SODIUM, EXTENDED 100	45.0	Generic	\$10.70
00378162001	DICYCLOMINE HCL 20MG TABLET	60.0	Generic	\$8.83
00378180001	LEVOTHYROXINE 25MCG TABLET	15.0	Generic	\$5.14
00378180301	LEVOTHYROXINE SODIUM 50MCG TA	15.0	Generic	\$5.58
00378180501	LEVOTHYROXINE SODIUM 75MCG TA	15.0	Generic	\$5.56
00378180510	LEVOTHYROXINE 75MCG TABLET	15.0	Generic	\$5.56
00378180701	LEVOTHYROXINE 88MCG TABLET	15.0	Generic	\$5.59
00378180901	LEVOTHYROXINE SODIUM 100MCG T	15.0	Generic	\$6.32
00378181101	LEVOTHYROXINE SODIUM 112MCG T	15.0	Generic	\$5.94
00378181301	LEVOTHYROXINE SODIUM 125MCG T	15.0	Generic	\$5.97
00378181501	LEVOTHYROXINE SODIUM 150MCG T	15.0	Generic	\$6.04
00378181510	LEVOTHYROXINE 150MCG TABLET	15.0	Generic	\$7.56
00378181701	LEVOTHYROXINE SODIUM 175MCG T	12.0	Generic	\$6.15
00378181710	LEVOTHYROXINE 175MCG TABLET	15.0	Generic	\$9.33
00378181901	LEVOTHYROXINE SODIUM 200MCG T	15.0	Generic	\$7.17
00378190301	MIDODRINE HCL 10MG TABLET	45.0	Generic	\$65.75
00378210005	LOPERAMIDE HCL 2MG CAPSULE	2.0	Generic	\$4.02
00378214605	SPIRONOLACTONE 25MG TABLET	15.0	Generic	
00378232105	LORAZEPAM 0.5MG TABLET	30.0	Generic	\$8.47
00378235193	ESOMEPRAZOLE MAG 40MG CAPSUL	3.0	Generic	\$10.27
00378245710	LORAZEPAM 1MG TABLET	15.0	Generic	\$6.66
00378250010	TAMSULOSIN HCL 0.4MG CAP.SR 24H	15.0	Generic	
00378253710	TRIAMTERENE W/HCTZ 37.5-25MG C	3.0	Generic	\$3.80
00378267501	AMITRIPTYLINE HCL 75MG TABLET	15.0	Generic	\$10.66

NDC	Drug Name	Qty	Type	Price
00378268501	AMITRIPTYLINE HCL 100MG TABLET	15.0	Generic	\$13.03
00378277705	LORAZEPAM 2MG TABLET	30.0	Generic	
00378350505	RISPERIDONE F/C 0.5MG TABLET	3.0	Generic	
00378351105	RISPERIDONE 1MG TABLET	30.0	Generic	
00378351510	MIRTAZAPINE 15MG TABLET	15.0	Generic	
00378351593	MIRTAZAPINE 15MG TABLET	15.0	Generic	
00378353005	MIRTAZAPINE 30MG TABLET	15.0	Generic	
00378385005	PHENYTOIN 50MG TAB CHEW	30.0	Generic	
00378402101	DOXAZOSIN MESYLATE 1MG TABLET	15.0	Generic	\$8.56
00378402201	DOXAZOSIN MESYLATE 2MG TABLET	15.0	Generic	\$8.56
00378402401	DOXAZOSIN MESYLATE 4MG TABLET	13.0	Generic	\$8.10
00378415105	TRAMADOL HCL 50MG TABLET	30.0	Generic	\$9.78
00378510501	PROCHLORPERAZINE MALEATE 5MG	30.0	Generic	\$7.96
00378511001	PROCHLORPERAZINE 10MG TABLET	15.0	Generic	\$6.86
00378520805	AMLODIPINE BESYLATE 2.5MG TABLET	15.0	Generic	
00378520905	AMLODIPINE 5MG TABLET	15.0	Generic	
00378521005	AMLODIPINE BESYLATE 10MG TABLET	15.0	Generic	\$12.40
00378527201	ESZOPICLONE F/C 3MG TABLET	15.0	Generic	\$47.23
00378550101	ROPINIROLE HCL 1MG TABLET	30.0	Generic	
00378552501	ROPINIROLE HCL 0.25MG TABLET	15.0	Generic	
00378555001	ROPINIROLE HCL 0.5MG TABLET	15.0	Generic	
00378561305	LEVETIRACETAM 250MG TABLET	7.0	Generic	
00378561505	LEVETIRACETAM 500MG TABLET	30.0	Generic	
00378581377	VALSARTAN 80MG TABLET	30.0	Generic	\$39.86
00378581577	VALSARTAN 320MG TABLET	2.0	Generic	\$6.80
00378617201	METOLAZONE 2.5MG TABLET	15.0	Generic	\$16.53
00378617301	METOLAZONE 5MG TABLET	15.0	Generic	\$18.78
00378644001	VERAPAMIL HCL 240MG CAP24H PEL	15.0	Generic	\$20.03
00378660501	OXYBUTYNIN CL ER 5MG TABLET	15.0	Generic	\$15.82
00378660505	OXYBUTYNIN CL ER 5MG TABLET	15.0	Generic	\$15.82
00378668910	PANTOPRAZOLE SODIUM 40MG TAB	30.0	Generic	\$43.00
00378699152	ALBUTEROL SULFATE 0.63MG/3ML V	150.0	Generic	\$37.08
00378699252	ALBUTEROL SUL UD 1.25MG/3ML VIA	75.0	Generic	\$17.61
00378797093	IPRATROPIUM BROMIDE UD 0.2 MG/	62.5	Generic	
00378827052	ALBUTEROL SUL UD 2.5MG/3ML VIA	75.0	Generic	\$11.82
00378830401	CARBIDOPA-LEVO-ENTA 37.5-150-20	30.0	Generic	
00378905593	LIDOCAINE 5% ADH. PATCH	5.0	Generic	\$20.10
00378911998	FENTANYL 12MCG/HR PATCH TD72	5.0	Generic	\$49.94
00378912298	FENTANYL 50MCG/HR PATCH TD72	5.0	Generic	\$57.82
00378912498	FENTANYL 100MCG1H PATCH TD72	5.0	Generic	\$110.71
00378967130	IPRATROPIUM-ALBUTEROL OUTER U	90.0	Generic	
00406012305	HYDROCODONE-ACET 5MG-325MG T	2.0	Generic	\$3.85
00406012405	HYDROCODONE-ACETAMINOPHEN 7	60.0	Generic	\$17.92
00406012505	HYDROCODONE-ACETAMIN 10MG-32	30.0	Generic	\$10.84
00406051201	OXYCODONE W/APAP 5-325MG TAB	60.0	Generic	\$24.03
00406052301	OXYCODONE W/APAP 10-325MG TA	180.0	Generic	\$163.29
00406577101	METHADONE HCL 10MG TABLET	120.0	Generic	\$19.38
00406800330	MORPHINE SULF 20MG/1ML SOLUTI	30.0	Generic	\$9.11
00406996001	TEMAZEPAM 7.5MG CAPSULE	15.0	Generic	\$63.40

NDC	Drug Name	Qty	Type	Price
00409272301	HEPARIN SOD 5000UNIT/1ML VIAL	15.0	Generic	\$24.40
00409272302	HEPARIN SODIUM MDV 5000UNIT/1	30.0	Generic	\$16.03
00409488710	WATER FOR INJ VIAL	30.0	Generic	\$4.28
00409733701	CEFTRIAZONE 250MG VIAL	3.0	Generic	\$4.18
00456009530	DALIRESP 500MCG TABLET	15.0	Brand	\$135.02
00456046001	ARMOUR THYROID 90MG TABLET	15.0	Brand	\$20.25
00456111030	VIIBRYD 10MG TABLET	7.0	Brand	\$57.54
00456122830	NAMZARIC 28 MG-10MG CAP SPR 24	9.0	Brand	\$121.57
00456140230	BYSTOLIC 2.5MG TABLET	15.0	Brand	\$64.42
00456141090	BYSTOLIC 10MG TABLET	10.0	Brand	\$44.12
00456341433	NAMENDA XR 14MG CAPSULE	15.0	Brand	\$201.19
00456342833	NAMENDA XR 28MG CAPSULE	15.0	Brand	\$201.19
00456342890	NAMENDA XR 28MG CAPSULE	15.0	Brand	\$201.19
00469260290	MYRBETRIQ F/C 50MG TAB ER 24H	15.0	Brand	\$168.46
00472173607	MICONAZOLE 7 W/APPLICATOR 100M	7.0	Generic	\$6.39
00487020103	IPRATROP-ALBUT 0.5-3MG/3 AMPUL	270.0	Generic	\$52.78
00517003125	CYANOCOBALAMIN 1000MCG/1ML V	1.0	Generic	\$5.69
00527132410	DIGOXIN 125MCG TABLET	15.0	Brand	\$10.63
00555101016	CLONIDINE 0.2MG24H PATCH TDWK	2.0	Generic	\$34.65
00574011302	CALCIUM ACETATE 169MG ELEM CAL	45.0	Generic	\$16.41
00574041202	POLYETHYLENE GLYCOL 17GM/1DOS	255.0	Generic	\$8.96
00574200830	NYSTOP 100000 U/G POWDER	30.0	Brand	\$49.25
00591034305	VERAPAMIL HCL 80MG TABLET	15.0	Generic	\$5.30
00591034705	HYDROCHLOROTHIAZIDE 12.5MG CA	20.0	Generic	\$5.52
00591084410	GLIPIZIDE ER 5MG TABLET	15.0	Generic	\$4.95
00591264001	BUTALBITAL-ACETAMINOPHEN-CAFF	30.0	Generic	\$88.10
00591293201	CLINDAMYCIN HCL 300MG CAPSULE	5.0	Generic	\$8.15
00591346753	ALBUTEROL SULFATE 0.63MG/3ML V	75.0	Generic	\$31.85
00591534701	PROBENECID 500MG TABLET	60.0	Generic	\$19.80
00591570801	CLINDAMYCIN HCL 150MG CAPSULE	72.0	Generic	\$24.94
00597002402	COMBIVENT RESPIMAT 20-100MCG A	4.0	Brand	\$355.32
00597007541	SPIRIVA 18MCG CAP W/DEV	30.0	Brand	\$379.06
00597008717	ATROVENT HFA 17MCG AER W/ADAP	12.9	Brand	\$342.89
00597010061	SPIRIVA RESPIMAT 2.5MCG MIST INH	4.0	Brand	\$379.06
00597013560	PRADAXA 150MG CAPSULE	30.0	Brand	\$192.66
00603137856	LACTULOSE 10GM/15ML SOLUTION	900.0	Generic	
00603137858	LACTULOSE 10GM/15ML SOLUTION	946.0	Generic	\$20.88
00603148158	NYSTATIN 100000UNIT/1ML ORAL SU	120.0	Generic	\$10.86
00603154258	POTASSIUM CL 10% 20MEQ/15ML LI	473.0	Generic	\$210.06
00603184158	VALPROIC ACID 250MG/5ML SOLUTIO	150.0	Generic	\$9.27
00603188016	LIDOCAINE OUTER 5% ADH. PATCH	5.0	Generic	\$16.34
00603254428	BUTALBITAL-APAP-CAFFEINE 50-325	30.0	Generic	\$15.52
00603307828	CYCLOBENZAPRINE HCL 5MG TABLET	30.0	Generic	\$15.31
00603307932	CYCLOBENZAPRINE HCL F/C 10MG TA	15.0	Generic	\$7.59
00603385632	HCTZ 25MG TABLET	15.0	Generic	\$3.80
00603421028	LISINOPRIL 5MG TABLET	15.0	Generic	
00603421032	LISINOPRIL 5MG TABLET	15.0	Generic	\$7.11
00603448521	METHOCARBAMOL 500MG TABLET	30.0	Generic	\$7.31
00603448621	METHOCARBAMOL 750MG TABLET	15.0	Generic	\$6.22

NDC	Drug Name	Qty	Type	Price
00603459315	METHYLPREDNISOLONE 4MG TAB DS	21.0	Generic	\$11.00
00603497528	OXYBUTYNIN CHLORIDE 5MG TABLET	45.0	Generic	\$12.05
00603537121	PRIMIDONE 50MG TABLET	30.0	Generic	\$6.99
00603544821	PROPAFENONE HCL F/C 150MG TABL	45.0	Generic	\$21.90
00603634302	VALSARTAN F/C 320MG TABLET	15.0	Generic	
00641037625	DIPHENHYDRAMINE HCL 50MG/1ML	5.0	Generic	\$4.73
00703853023	ENOXAPARIN 30MG/0.3ML SYRINGE	1.5	Generic	\$16.10
00703854023	ENOXAPARIN 40MG/0.4ML SYRINGE	2.0	Generic	\$23.40
00703856023	ENOXAPARIN 60MG/0.6ML SYRINGE	6.0	Generic	\$67.80
00703868023	ENOXAPARIN 80MG/0.8ML SYRINGE	8.0	Generic	\$101.83
00703906033	LINEZOLID 600 MG 300 MLS	8.0	Generic	\$4.00
00781104801	PERPHENAZINE 8MG TABLET	30.0	Generic	\$41.75
00781107705	ALPRAZOLAM 0.5MG TABLET	30.0	Generic	
00781112305	TRIAMTERENE W/HCTZ 37.5-25MG T	13.0	Generic	\$4.76
00781144605	FUROSEMIDE 80MG TABLET	30.0	Generic	\$6.47
00781148610	AMITRIPTYLINE HCL 10MG TABLET	3.0	Generic	\$3.63
00781148710	AMITRIPTYLINE HCL 25MG TABLET	45.0	Generic	\$7.32
00781148901	AMITRIPTYLINE HCL 75MG TABLET	15.0	Generic	\$13.46
00781152601	POT CHLORIDE 10MEQ TABLET SA	18.0	Generic	\$6.04
00781152610	POTASSIUM CHL 10MEQ TABLET SA	30.0	Generic	\$7.73
00781217660	CEFDINIR 300MG CAPSULE	18.0	Generic	\$26.51
00781220101	TEMAZEPAM 15MG CAPSULE	30.0	Generic	
00781220201	TEMAZEPAM 30MG CAPSULE	15.0	Generic	
00781279010	OMEPRazole 20MG CAPSULE DR	5.0	Generic	\$9.06
00781282410	FLUOXETINE 40MG CAPSULE	5.0	Generic	\$9.83
00781335666	ENOXAPARIN 60MG/0.6ML DISP SYR	3.0	Generic	\$64.46
00781522101	CARVEDILOL 3.125MG TABLET	30.0	Generic	\$19.53
00781522201	CARVEDILOL 6.25MG TABLET	30.0	Generic	\$19.53
00781522301	CARVEDILOL 12.5MG TABLET	30.0	Generic	\$19.53
00781522401	CARVEDILOL 25MG TABLET	30.0	Generic	\$19.53
00781523292	PRAVASTATIN SODIUM 20MG TABLET	15.0	Generic	\$15.75
00781523492	PRAVASTATIN SODIUM 40MG TABLET	15.0	Generic	\$21.48
00781523864	ONDANSETRON ODT UD 4MG TAB RA	10.0	Generic	\$59.23
00781523964	ONDANSETRON ODT 3X10, OUTER 8M	10.0	Generic	\$96.33
00781531710	ZOLPIDEM 5MG TABLET	15.0	Generic	\$20.85
00781531810	ZOLPIDEM 10MG TABLET	15.0	Generic	\$20.85
00781555592	MONTELUKAST SODIUM 6-14 YRS 5M	15.0	Generic	\$24.71
00781715786	IPRATROPIUM BR UD 0.2MG/ML SOL	62.5	Generic	\$14.63
00781751787	BUDESONIDE 1MG/2ML AMPUL-NEB	60.0	Generic	\$515.85
00832108000	BENZTROPINE MESYLATE 0.5MG TAB	30.0	Generic	\$6.40
08290306546	NORMAL SALINE FLUSH 0.9% DISP SY	300.0	Generic	\$180.18
08884433605	XEROFORM PETROLATUM DRESSING	15.0	Brand	\$25.13
10019055302	TRANSDERM-SCOP 1.5MG/72HR PAT	4.0	Brand	\$90.39
10370010150	BUPROPION XL 150MG TAB ER 24H	15.0	Generic	\$21.40
10370010250	BUPROPION XL 300MG TAB ER 24H	15.0	Generic	\$21.38
10542001010	DIALYVITE 1MG TABLET	13.0	Brand	\$5.38
10631040701	PROCTOSOL HC 2.5% CREAM	28.4	Brand	\$77.86
10702001010	HYDROXYZINE HCL F/C 10MG TABLET	30.0	Generic	\$7.84
10702001110	HYDROXYZINE HCL 25MG TABLET	3.0	Generic	\$4.13

NDC	Drug Name	Qty	Type	Price
13107000105	MIRTAZAPINE 7.5MG TABLET	10.0	Generic	\$17.66
13107000130	MIRTAZAPINE F/C 7.5MG TABLET	15.0	Generic	\$27.14
13668000905	CITALOPRAM HBR 10MG TABLET	15.0	Generic	\$12.72
13668001005	CITALOPRAM HBR 20MG TABLET	15.0	Generic	\$13.11
13668001105	CITALOPRAM HBR 40MG TABLET	15.0	Generic	\$13.43
13668001760	LEVETIRACETAM 1000MG TABLET	30.0	Generic	\$39.21
13668010210	DONEPEZIL HCL F/C 5MG TABLET	15.0	Generic	\$32.71
13668010310	DONEPEZIL HCL F/C 10MG TABLET	15.0	Generic	\$32.71
13668010410	ISOSORBIDE MN ER 30MG TAB ER 24	15.0	Generic	\$14.85
13668010510	ISOSORBIDE MN ER 60MG TAB ER 24	15.0	Generic	\$17.97
13668011005	DULOXETINE HCL 30MG CAPSULE DR	15.0	Generic	\$29.67
13668011105	DULOXETINE HCL 60MG CAPSULE DR	15.0	Generic	\$29.67
13668027105	CARBAMAZEPINE 100MG TAB CHEW	45.0	Generic	\$13.55
13811052501	TRIPHROCAPS 1MG CAPSULE	15.0	Generic	\$6.03
16714022402	LOSARTAN-HCTZ 100-12.5MG TABLET	15.0	Generic	\$16.14
16714022502	LOSARTAN-HCTZ 100MG-25MG TABL	15.0	Generic	\$16.11
16714029601	AMOX TR-K CLV 500-125 MG TABLET	14.0	Generic	\$16.75
16714029904	AMOXICILLIN 500MG CAPSULE	10.0	Generic	\$4.46
16714035801	LEVETIRACETAM 100MG/1ML SOLUT	473.0	Generic	\$67.46
16714050102	TERBINAFINE HCL 250MG TABLET	14.0	Generic	\$50.02
16714063301	ALENDRONATE SODIUM 70MG TABL	3.0	Generic	\$18.81
16714068102	SIMVASTATIN F/C 5MG TABLET	15.0	Generic	\$11.74
16714068203	SIMVASTATIN F/C 10MG TABLET	15.0	Generic	\$13.68
16714068303	SIMVASTATIN 20MG TABLET	15.0	Generic	\$21.54
16714068403	SIMVASTATIN F/C 40MG TABLET	15.0	Generic	
16714069102	FLUCONAZOLE 100MG TABLET	3.0	Generic	\$8.40
16714069211	FLUCONAZOLE OUTER 150MG TABLET	1.0	Generic	
16714069302	FLUCONAZOLE 200MG TABLET	15.0	Generic	\$48.27
16714069803	VALACYCLOVIR 500MG TABLET	30.0	Generic	
16729003515	ANASTROZOLE 1MG TABLET	15.0	Generic	\$53.39
16729004201	TACROLIMUS 1MG CAPSULE	30.0	Generic	\$36.95
16963000209	N-ACETYL CYSTEINE 600MG CAPSULE	3.0	Generic	
16963000209	N-ACETYL CYSTEINE 600MG CAPSULE	3.0	Generic	
17478028435	GENTAK OPHTH 0.3% OINT.(GM)	3.5	Brand	\$20.22
17478062512	LATANOPROST 0.005% DROPS	2.5	Generic	\$8.36
17478071130	LIDOCAINE HCL 2% JEL	30.0	Generic	\$7.67
23155011801	CALCITRIOL 0.25MCG CAPSULE	15.0	Generic	\$8.04
23155011901	CALCITRIOL 0.5MCG CAPSULE	15.0	Generic	\$10.75
24208029005	TOBRAMYCIN SULFATE 0.3% DROPS	5.0	Generic	\$7.17
24208041105	BRIMONIDINE 0.2% EYDROPSOL	5.0	Generic	\$8.03
24208046325	LATANOPROST 0.005 % DROPS	2.5	Generic	\$9.60
24208063110	NEOMYCIN/POLY B/HC 3.5-10K-1 SO	10.0	Generic	\$34.25
24338010213	ERYTHROMYCIN F/C 250MG TABLET	45.0	Generic	\$419.58
25021013282	LEVOFLOXACIN-D5W SINGLE-USE,P/F	2.0	Generic	\$19.34
25021013283	LEVOFLOXACIN-D5W 24'S,SINGLE-US	2.0	Generic	\$19.34
29033000101	THEOPHYLLINE 400MG TABLET SA	7.5	Generic	\$6.05
31722021205	SERTRALINE HCL F/C 25MG TABLET	15.0	Generic	\$13.68
31722021305	SERTRALINE HCL F/C 50MG TABLET	15.0	Generic	\$13.68
31722021405	SERTRALINE 100MG TABLET	30.0	Generic	\$23.86

NDC	Drug Name	Qty	Type	Price
31722053712	LEVETIRACETAM F/C 500MG TABLET	4.0	Generic	\$7.01
31722053812	LEVETIRACETAM F/C 750MG TABLET	30.0	Generic	\$39.21
31722055190	LEVOCETIRIZINE DIHYDROCHLORIDE	15.0	Generic	\$15.04
31722057447	LEVETIRACETAM 100MG/1ML SOLUT	150.0	Generic	\$27.90
31722077801	ACYCLOVIR 800MG TABLET	30.0	Generic	\$35.12
33342002710	DONEPEZIL HCL F/C 5MG TABLET	15.0	Generic	
33342009115	RIVASTIGMINE 4.5MG CAPSULE	30.0	Generic	\$33.73
37000045504	PRILOSEC OTC 20MG TABLET DR	30.0	Brand	\$30.97
42023010401	APLISOL 10 TEST 5T U/0.1ML VIAL	6.0	Brand	\$455.21
42799012102	BUMETANIDE 2MG TABLET	15.0	Generic	
42806001201	MECLIZINE HCL 12.5MG TABLET	30.0	Generic	\$5.94
42806001410	MECLIZINE HCL 25MG TABLET	30.0	Generic	\$6.51
42806050301	URSODIOL 300MG CAPSULE	30.0	Generic	\$108.00
42858030101	HYDROMORPHONE HCL 2MG TABLET	90.0	Generic	\$13.00
42858070101	THEOPHYLLINE 400MG TABLET ER	7.5	Generic	\$6.86
43199002001	METHENAMINE HIPPURATE 1GM TAB	15.0	Generic	\$26.14
43199004030	LIDOCAINE 4 % CREAM (G)	30.0	Generic	\$27.99
43598021085	SSD 1 % CREAM (G)	85.0	Brand	\$26.00
45334060001	VANIPLY NO DYE/PERFUME/LANLN 1	368.0	Brand	
45802004611	GENTAMICIN SULFATE 0.1% OINTME	30.0	Generic	\$72.37
45802004811	NYSTATIN 100000U/G OINTMENT	30.0	Generic	\$12.82
45802021002	NITROGLYCERIN 0.4MG/1DOSE SPRA	12.0	Generic	\$259.02
45802041954	AMMONIUM LACTATE 12% LOTION	225.0	Generic	\$17.31
45802075930	PROMETHAZINE HCL 25MG SUPP.REC	6.0	Generic	\$30.06
45963043864	ENULOSE 10GM/15ML SOLUTION	473.0	Generic	\$12.63
45963055550	GABAPENTIN 100MG CAPSULE	30.0	Generic	\$7.49
45963055650	GABAPENTIN 300MG CAPSULE	15.0	Generic	
45963055750	GABAPENTIN 400MG CAPSULE	15.0	Generic	
45963063404	LOVASTATIN 20MG TABLET	15.0	Generic	
45963063504	LOVASTATIN 40MG TABLET	15.0	Generic	\$19.51
47781030403	RIVASTIGMINE 4.6MG24H PATCH TD	15.0	Generic	\$98.04
47781030503	RIVASTIGMINE 9.5MG24H PATCH TD	15.0	Generic	\$105.56
47781073050	VANCOMYCIN HCL 250MG CAPSULE	12.0	Generic	\$176.65
49281021510	TENIVAC 7YRS+, ADSORBED, L/F 5-2/C	0.5	Brand	\$36.16
49281021510	TENIVAC 7YRS+, ADSORBED, L/F 5-2/C	0.5	Brand	\$36.16
49502060561	PERFOROMIST UD 20MCG/2ML VIAL	60.0	Brand	\$459.24
49502090030	EMSAM 6MG24H PATCH TD24	7.0	Brand	\$396.10
49884002701	HYDRALAZINE HCL 25MG TABLET	45.0	Generic	
49884002710	HYDRALAZINE 25MG TABLET	30.0	Generic	
49884002810	HYDRALAZINE HCL 50MG TABLET	45.0	Generic	
49884002910	HYDRALAZINE HCL 10MG TABLET	30.0	Generic	
49884004448	TRAVOPROST 0.004 % DROPS	2.5	Generic	\$91.94
49884008701	DEXAMETHASONE 4MG TABLET	45.0	Generic	\$10.07
49884046565	CHOLESTYRAMINE OUTER 4GM POW	15.0	Generic	\$26.57
49884049410	DIGOXIN 250MCG TABLET	15.0	Generic	\$10.63
49884051410	DIGOXIN 125MCG TABLET	15.0	Generic	\$10.63
49884068905	METOCLOPRAMIDE HCL 10MG TABLET	15.0	Generic	
49884072505	BUSPIRONE HCL 7.5MG TABLET	30.0	Generic	\$26.12
49884082510	METOPROLOL SUCCINATE F/C 25MG	15.0	Generic	

NDC	Drug Name	Qty	Type	Price
49884082905	DILTIAZEM 24HR CD 120MG CAP ER 2	9.0	Generic	\$6.06
49884083005	DILTIAZEM 24HR CD 180MG CAP ER 2	15.0	Generic	\$8.65
50111033402	METRONIDAZOLE 500MG TABLET	15.0	Generic	\$6.32
50111039701	HYDRALAZINE HCL 100MG TABLET	45.0	Generic	\$14.90
50111043301	TRAZODONE HCL 50MG TABLET	15.0	Generic	\$7.53
50111043401	TRAZODONE HCL 100MG TABLET	30.0	Generic	\$13.94
50111043403	TRAZODONE HCL 100MG TABLET	15.0	Generic	\$7.61
50111046703	PROPRANOLOL HCL 10MG TABLET	30.0	Generic	\$6.40
50111048203	THEOPHYLLINE ANHYDROUS 200MG	30.0	Generic	\$8.32
50111064802	FLUOXETINE HCL 20MG CAPSULE	15.0	Generic	\$13.41
50111064803	FLUOXETINE HCL 20MG CAPSULE	15.0	Generic	\$13.31
50111078751	AZITHROMYCIN INNER 250MG TABLET	5.0	Generic	\$13.23
50111091701	TORSEMIDE 20MG TABLET	240.0	Generic	\$52.76
50111091801	TORSEMIDE 100MG TABLET	7.5	Generic	\$9.20
50383017104	LEVOCARNITINE 100MG/1ML SOLUTION	118.0	Generic	\$89.95
50383023210	DORZOLAMIDE HCL 2 % DROPS	10.0	Generic	\$20.20
50383023310	DORZOLAMIDE-TIMOLOL 2%-0.5% D	10.0	Generic	\$34.15
50383031147	GABAPENTIN 250MG/5ML SOLUTION	240.0	Generic	\$25.67
50383066730	LIDOCAINE-PRILO 2.5%-2.5% CREAM	30.0	Generic	\$16.78
50419082502	FINACEA 15% GEL	50.0	Brand	\$306.89
50458057830	XARELTO 15MG TABLET	15.0	Brand	\$201.39
50458057930	XARELTO 20MG TABLET	15.0	Brand	\$201.39
50458058030	XARELTO 10MG TABLET	15.0	Brand	\$201.39
51079062182	GRANULEX 0.12-87/G SPRAY	113.4	Brand	\$20.00
51293081101	PHENAZOPYRIDINE HCL F/C 200MG T	3.0	Generic	\$6.60
51672129803	KETOCONAZOLE 2% CREAM(GM)	60.0	Generic	\$72.74
51672400105	NORTRIPTYLINE HCL 10MG CAPSULE	15.0	Generic	\$3.98
51672402301	ACETAZOLAMIDE 250MG TABLET	90.0	Generic	\$125.10
51672402803	WARFARIN SOD 2MG TABLET	15.0	Generic	\$5.78
51672402903	WARFARIN SOD 2.5MG TABLET	5.0	Generic	\$4.28
51672403003	WARFARIN SODIUM 3MG TABLET	15.0	Generic	\$5.87
51672403103	WARFARIN SODIUM 4MG TABLET	15.0	Generic	\$5.87
51672403203	WARFARIN SOD 5MG TABLET	15.0	Generic	\$5.90
51672411103	PHENYTOIN SODIUM EXTENDED 100	60.0	Generic	\$15.64
51672412401	CARBAMAZEPINE XR 200MG TAB.SR	75.0	Generic	\$120.44
51991038490	FOLBIC 2-2.5-25MG TABLET	5.0	Brand	\$7.39
52544097701	NEPHRO-VITE RX 1MG-60MG TABLET	15.0	Brand	\$9.42
53489011802	DOXYCYCLINE HYCLATE 50MG CAPSU	30.0	Generic	\$22.61
53489012005	DOXYCYCLINE HYCLATE F/C 100MG T	10.0	Generic	\$18.87
53746019001	NAPROXEN 500MG TABLET	30.0	Generic	\$12.93
53746027205	SULFA/TRIMETH DS 800-160MG TAB	14.0	Generic	\$7.54
53746046405	IBUPROFEN 400MG TABLET	30.0	Generic	\$6.23
55111012105	ATORVASTATIN CAL 10MG TABLET	15.0	Generic	\$18.66
55111012205	ATORVASTATIN CALCIUM F/C 20MG	15.0	Generic	\$25.13
55111012305	ATORVASTATIN CALCIUM F/C 40MG	15.0	Generic	\$25.13
55111012405	ATORVASTATIN CALCIUM F/C 80MG	15.0	Generic	\$25.13
55111012601	CIPROFLOXACIN 250MG TABLET	8.0	Generic	\$12.37
55111012701	CIPROFLOXACIN HCL F/C 500MG TAB	14.0	Generic	\$21.67
55111018010	TIZANIDINE HCL 4MG TABLET	30.0	Generic	\$14.49

NDC	Drug Name	Qty	Type	Price
55111028130	LEVOFLOXACIN 750MG TABLET	8.0	Generic	\$53.66
55111030290	DONEPEZIL HCL 23MG TABLET	15.0	Generic	\$148.30
55111032005	GLIMEPIRIDE 1MG TABLET	15.0	Generic	\$4.96
55111032205	GLIMEPIRIDE 4MG TABLET	30.0	Generic	\$12.44
55111046605	METOPROLOL SUCC ER 25MG TAB EF	15.0	Generic	\$7.45
55111046705	METOPROLOL SUCC ER 50MG TAB EF	15.0	Generic	\$7.45
55111046805	METOPROLOL SUCCINATE F/C 100MG	15.0	Generic	\$23.75
55111053205	DIVALPROEX SODIUM 125MG CAP SP	30.0	Generic	\$11.90
55111059660	MEMANTINE HCL F/C 5MG TABLET	15.0	Generic	\$26.36
55111059760	MEMANTINE HCL F/C 10MG TABLET	15.0	Generic	
55111066430	PARICALCITOL 2MCG CAPSULE	18.0	Generic	\$141.60
55513002104	ARANESP 40MCG/0.4ML DISP SYRIN	0.4	Brand	\$319.29
55513007330	SENSIPAR 30MG TABLET	15.0	Brand	\$414.92
55513007430	SENSIPAR 60MG TABLET	3.0	Brand	\$168.07
55513007530	SENSIPAR F/C 90MG TABLET	15.0	Brand	\$1,237.75
57664010818	PROMETHAZINE HCL 25MG TABLET	15.0	Generic	\$5.40
57664013688	VITAMIN D2 50000UNIT CAPSULE	3.0	Generic	\$4.76
57664016758	METOPROLOL TARTRATE 100MG TAB	30.0	Generic	\$9.21
57664039758	METFORMIN HCL F/C 500MG TABLET	30.0	Generic	\$8.78
57664047758	METOPROLOL TARTRATE 50MG TABL	30.0	Generic	\$7.58
58160082152	ENGERIX-B TIP-LOK 20MCG/1ML DIS	3.0	Brand	\$173.41
58468013001	REVELA 800MG TABLET	30.0	Brand	\$176.22
58914017014	CARAFATE 1GM/10ML ORAL SUSP	300.0	Brand	\$130.67
58980078021	VENELEX 87-788MG/G OINT. (G)	60.0	Brand	\$35.38
59011041010	OXYCONTIN RF 10MG TAB ER 12H	30.0	Brand	\$106.21
59011042010	OXYCONTIN RF 20MG TAB ER 12H	30.0	Brand	\$195.05
59310057922	PROAIR HFA 90MCG HFA AER AD	8.5	Brand	\$60.82
59762004901	METHYLPREDNISOLONE 8MG TABLET	15.0	Generic	\$22.17
60432003816	GENERLAC 10G/15ML SOLUTION	946.0	Generic	\$16.43
60432012608	MEGESTROL ACETATE*** 40MG/1M	240.0	Generic	\$39.49
60432012616	MEGESTROL ACET 400MG/10ML ORA	150.0	Generic	\$25.88
60432026415	FLUTICASONE PROP 50MCG SPRAY S	16.0	Generic	\$24.82
60432062116	VALPROIC ACID 250MG/5ML SYRUP	225.0	Generic	\$12.15
60505008000	SOTALOL 80MG TABLET	30.0	Generic	\$22.72
60505014201	GLIPIZIDE 10MG TABLET	60.0	Generic	\$11.99
60505015701	BUPROPION HCL F/C 100MG TABLET	15.0	Generic	\$7.48
60505015801	BUPROPION HCL F/C 75MG TABLET	30.0	Generic	\$9.45
60505015900	SOTALOL 120MG TABLET	30.0	Generic	\$29.14
60505025302	CLOPIDOGREL BISULFATE 75MG TAB	15.0	Generic	
60505083001	MOMETASONE FUROATE 50MCG SP	17.0	Generic	\$140.55
60505257808	ATORVASTATIN CALCIUM F/C 10MG	15.0	Generic	\$18.68
60505257809	ATORVASTATIN CALCIUM F/C 10MG	15.0	Generic	\$18.68
60505257909	ATORVASTATIN CALCIUM F/C 20MG	15.0	Generic	\$25.15
60505258009	ATORVASTATIN CALCIUM F/C 40MG	15.0	Generic	\$25.15
60505264405	TRAMADOL HCL-ACETAMINOPHEN F	40.0	Generic	\$13.74
60505267109	ATORVASTATIN CALCIUM F/C 80MG	15.0	Generic	\$25.15
60505267303	ARIPIRAZOLE 5MG TABLET	15.0	Generic	\$123.91
60505299703	DULOXETINE HCL 60MG CAPSULE DR	15.0	Generic	\$32.94
60758018805	GENTAMICIN SULFATE 0.3 % DROPS	5.0	Generic	\$8.30

NDC	Drug Name	Qty	Type	Price
60793041105	FLECTOR INNER, 5'S 1.3% ADH. PATC	5.0	Brand	
61958100301	RANEXA F/C 500MG TAB ER 12H	30.0	Brand	\$173.76
62037071001	POTASSIUM CHLORIDE 10MEQ TAB E	8.0	Generic	\$4.69
62175026046	NIFEDIPINE ER 30MG TAB ER 24	12.0	Generic	
62756029983	PHENYTOIN SODIUM EXTENDED 200	15.0	Generic	\$16.00
62756044604	CARISOPRODOL 350MG TABLET	30.0	Generic	\$7.75
63304019130	DESVENLAFAXINE ER 50MG TAB ER 2	15.0	Generic	\$60.14
63323018510	WATER FOR INJECTION VIAL	10.0	Generic	\$4.55
63323069030	ACETYLCYSTEINE 200MG/1ML VIAL	30.0	Generic	\$9.75
63402051001	XOPENEX HFA MDI 45MCG HFA AER	15.0	Brand	\$73.11
63402091164	BROVANA 15MCG/2ML VIAL-NEB	56.0	Brand	\$418.19
63481068447	VOLTAREN 1% GEL (GM)	100.0	Brand	\$55.48
64380073706	VITAMIN D2 CAPSULE 50000UNIT CA	3.0	Generic	\$4.98
64597030160	NUEDEXTA 20 MG-10MG CAPSULE	3.0	Brand	\$42.06
64679098302	CEFTRIAXONE 1GM VIAL	1.0	Generic	\$30.18
64720013910	METHENAMINE HIPPURATE 1GM TAB	15.0	Generic	\$12.70
64764054411	PREVACID SOLUTAB 30MG TAB RAP I	15.0	Brand	\$215.20
64764056030	BRINTELLIX F/C 10MG TABLET	15.0	Brand	\$165.76
64764080530	ROZEREM F/C 8MG TABLET	15.0	Brand	\$185.22
64764091830	ULORIC 40MG TABLET	15.0	Brand	\$157.66
64980051405	TIMOLOL MALEATE 0.5 % DROPS	5.0	Generic	\$7.75
65162036111	FOLIC ACID 1MG TABLET	15.0	Generic	\$3.79
65162083366	DICLOFENAC SODIUM 1 % GEL (GRAN	100.0	Generic	\$31.17
65597010330	BENICAR 20MG TABLET	15.0	Brand	\$101.42
65597010430	BENICAR 40MG TABLET	15.0	Brand	\$139.52
65597020230	SAVAYSA F/C 30MG TABLET	15.0	Brand	\$163.84
65597070118	WELCHOL 625MG TABLET	60.0	Brand	\$205.46
65649030103	XIFAXAN 200MG TABLET	6.0	Brand	\$110.57
65649030302	XIFAXAN F/C 550MG TABLET	14.0	Brand	\$479.69
65862000899	METFORMIN HCL F/C 500MG TABLET	30.0	Generic	
65862000905	METFORMIN HCL F/C 850MG TABLET	15.0	Generic	
65862001805	CEPHALEXIN 250MG CAPSULE	21.0	Generic	\$6.76
65862001905	CEPHALEXIN 500MG CAPSULE	6.0	Generic	\$5.32
65862002106	MIRTAZAPINE 5X6 15MG TAB RAPDIS	15.0	Generic	\$12.33
65862009620	CEFPODOXIME PROXETIL F/C 200MG	8.0	Generic	\$40.90
65862014990	FINASTERIDE F/C 5MG TABLET	14.0	Generic	\$14.44
65862018730	ONDANSETRON HCL F/C 4MG TABLET	10.0	Generic	\$64.00
65862018830	ONDANSETRON HCL F/C 8MG TABLET	15.0	Generic	\$154.63
65862021150	MINOCYCLINE HCL 100MG CAPSULE	20.0	Generic	\$20.49
65862039010	ONDANSETRON ODT 4MG TAB RAPD	15.0	Generic	\$87.10
65862053650	LEVOFLOXACIN 250MG TABLET	5.0	Generic	\$24.51
65862053750	LEVOFLOXACIN 500MG TABLET	7.0	Generic	\$37.22
65862053820	LEVOFLOXACIN 750MG TABLET	7.0	Generic	\$66.64
65862054790	VALSARTAN-HCTZ 80-12.5MG TABLET	30.0	Generic	\$33.00
65862061990	QUINAPRIL HCL F/C 20MG TABLET	15.0	Generic	\$8.09
66302046760	ADCIRCA 20MG TABLET	8.0	Brand	\$499.46
66582041454	ZETIA 10MG TABLET	15.0	Brand	\$163.54
66685100100	AMOX-CLAV 875-125 MG TABLET	20.0	Generic	\$28.76
66685100200	AMOXICILLIN-CLAVULANATE POTASS	10.0	Generic	\$30.48

NDC	Drug Name	Qty	Type	Price
66689002316	HYDROCO/APAP 7.5-325/15 SOLUTIO	400.0	Generic	\$15.68
66758012034	KLOR-CON 20MEQ PACKET	30.0	Brand	\$311.21
66758017010	KLOR-CON M10 10MEQ TAB ER PRT	15.0	Brand	\$11.10
66758019005	KLOR-CON M20 20MEQ TAB ER PRT	30.0	Brand	
66758019010	KLOR-CON M20 20MEQ TAB ER PRT	15.0	Brand	\$11.50
66993006272	ATOVAQUONE 750MG/5ML ORAL SU	70.0	Generic	\$191.38
66993016502	COLCHICINE 0.6MG TABLET	15.0	Generic	\$84.20
66993083932	OMEGA-3 ACID ETHYL ESTERS 1GM C	30.0	Generic	\$37.47
67253038310	DOXAZOSIN MESYLATE 8MG TABLET	12.0	Generic	\$7.96
67253038950	DOXYCYCLINE HYCLATE 100MG CAPS	28.0	Generic	\$46.53
67457042612	HALOPERIDOL LAC 5MG/1ML VIAL	1.0	Generic	\$3.86
67877010501	BENZONATATE 100MG CAPSULE	45.0	Generic	\$31.65
67877010505	BENZONATATE 100MG CAPSULE	30.0	Generic	\$20.52
67877010605	BENZONATATE 200MG CAPSULE	30.0	Generic	\$35.68
67877012485	SILVER SULFADIAZINE 1% CREAM	85.0	Generic	\$11.87
67877025180	TRIAMCINOLONE ACETONIDE 0.1 % C	80.0	Generic	\$7.14
68180012202	CEPHALEXIN 500MG CAPSULE	14.0	Generic	\$7.79
68180030260	CEFUROXIME 250MG TABLET	14.0	Generic	\$18.89
68180030360	CEFUROXIME 500MG TABLET	14.0	Generic	\$36.90
68180052001	LISINOPRIL-HYDROCHLOROTHIAZIDE	15.0	Generic	\$8.10
68180052002	LISINOPRIL-HYDROCHLOROTHIAZIDE	15.0	Generic	\$8.10
68180059701	CELECOXIB 100MG CAPSULE	30.0	Generic	\$38.16
68180059801	CELECOXIB 200MG CAPSULE	30.0	Generic	\$60.35
68382003305	DIVALPROEX SOD DR 500MG TABLET	45.0	Generic	\$40.06
68382004001	PROMETHAZINE HCL 12.5MG TABLET	15.0	Generic	\$5.34
68382005001	MELOXICAM 7.5MG TABLET	12.0	Generic	\$13.01
68382005101	MELOXICAM 15MG TABLET	15.0	Generic	\$21.67
68382009906	PAROXETINE HCL F/C 30MG TABLET	30.0	Generic	\$24.61
68382013210	TAMSULOSIN HCL 0.4MG CAP ER 24H	15.0	Generic	\$19.30
68382014005	TOPIRAMATE F/C 100MG TABLET	15.0	Generic	\$29.61
68382022816	FENOFIBRATE 48MG TABLET	15.0	Generic	\$10.66
68382026606	PARICALCITOL 1MCG CAPSULE	8.0	Generic	\$34.67
68382070105	POTASSIUM CL 10MEQ CAPSULE ER	30.0	Generic	\$12.60
68382079401	OXYCODONE HCL 10MG TABLET	45.0	Generic	\$10.53
68462010430	FLUCONAZOLE 200MG TABLET	5.0	Generic	\$21.51
68462010530	ONDANSETRON HCL F/C 4MG TABLET	10.0	Generic	\$64.75
68462018022	MUPIROCIN 2 % OINT. (G)	22.0	Generic	\$14.19
68462018147	CLOTRIMAZOLE 1% CREAM	45.0	Generic	\$15.71
68462019505	PRAVASTATIN SODIUM 10MG TABLET	15.0	Generic	\$15.56
68462029112	LINEZOLID F/C 600MG TABLET	8.0	Generic	\$370.85
68462033190	PRAMIPEXOLE 0.25MG TABLET	45.0	Generic	\$41.10
68462033290	PRAMIPEXOLE 0.5MG TABLET	15.0	Generic	\$16.03
68462033390	PRAMIPEXOLE 1MG TABLET	15.0	Generic	\$16.03
69097012705	AMLODIPINE BESYLATE 5MG TABLET	15.0	Generic	
69387010430	PARICALCITOL 2MCG CAPSULE	18.0	Generic	\$168.00
76439034310	POTASSIUM CHLORIDE S/F 20MEQ P	30.0	Generic	\$48.83
85412069307	CONTINU-FLO SOLN SET 2C8895 EAC	4.0	Brand	

EXHIBIT C

INDIVIDUAL LONG TERM CARE PHARMACY SERVICES AGREEMENT

This is a contract for pharmacy services between PharmScript of Texas LLC

_____ and _____
(The Resident) (The Guarantor/Responsible Party)

We the resident and/or guarantor (the "responsible party") wish to contract with PharmScript of Texas LLC (the "Pharmacy") and understand that the Pharmacy will supply medications and related pharmacy or medical/surgical items as ordered by authorized healthcare professionals of the long-term care facility (the "Facility") in which the resident resides. The Pharmacy agrees to dispense medications and related medical/surgical supplies in accordance with all State and Federal Regulations pertaining to pharmacy practice and long-term care facilities. Services provided include, but are not limited to, special packaging of medications to comply with State and Federal packaging requirements for drugs administered in long-term care facilities, monthly computerized physician and nursing documentation forms for required medical record keeping, and delivery of pharmaceuticals/medical supplies/surgical supplies to the long-term care facility in which the resident resides.

The Pharmacy agrees to bill third party insurers with which it has contracts to provide pharmacy services, when coverage is available, and to forward invoices for any balances to the resident or responsible party for payment. In the event that the Pharmacy is a non-participating provider of services relative to the resident's prescription plan, the resident and responsible party will be responsible for payment to The Pharmacy. The Pharmacy will supply all necessary documentation to the resident and/or responsible party so that the resident or responsible party may pursue reimbursement from the prescription plan. The Pharmacy reserves the right to abstain from participation in any third party prescription plan and the right to cancel contracts with third party prescription plans.

The resident or guarantor will not be billed for pharmacy service charges during any time that the resident is covered under Medicare A. The Pharmacy will bill State Medicaid for covered prescription drugs when that coverage is available. The Pharmacy will bill the resident or responsible party during periods that the resident is considered to be "pending Medicaid." The resident and responsible party will be responsible for charges assessed during any time period which the resident is determined, by State Medicaid, to be "ineligible." The Pharmacy will refund any applicable payments made by the resident or responsible party once State Medicaid has begun to make payments.

All payments are to be made within thirty (30) days after receipt of the monthly billing. In the event that payment is not received at thirty-one (31) days following the monthly statement date, The Pharmacy reserves the right to access interest at a rate of eighteen percent (18%) per annum and can refer the account to collection or its legal department for litigation. Any collection or attorney fees or costs incurred will be the responsibility of the resident and responsible party if collection becomes necessary.

The Pharmacy, a "Covered Entity" as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), agrees to keep patient health information secure and confidential in accordance with all regulations related to HIPAA and the use of Protected Health Information ("PHI").

FACILITY
NAME: _____
ADMIT DATE: _____

FAX TO PHARMSCRIPT OF TEXAS AT (732) 868-9013

PHARMSCRIPT OF TEXAS LLC

1718 Fry Road, Suite 125

Houston, TX 77084

PHONE: 908-389-1818 FAX: 732-868-9013

We, the resident and responsible party provide the following billing information:

Resident Name

Date of Birth: _____

Social Security#: _____

BILL WILL BE SENT TO:

Guarantor/Responsible Party Name

Street Address

City

State

Zip

Home Telephone Number

Work Telephone Number

The resident and responsible party agrees to the terms outlined in this document and agreement is in effect as of the date of the resident's admission into the long-term facility.

Accepted by the Resident and Guarantor:

Resident Name

Resident Signature

Responsible Party Name Printed

Responsible Party Signature

**Is a Private Third Party Prescription Insurance Plan
Available?**

____ Yes, A copy of front and back of card are attached. Please
send all prescription information.

____ NO

Medicare#: _____

(If Medicare Part D is applicable, PDP information is
attached). Please send copy of Medicare Part D prescription
plan

Medicaid#: _____

PACE#: _____

Exhibit "B"

Summary of Invoices

Customer Name	Customer Class	Document Type	Document Number	Document Date	Customer Terms	Due Date	Aging	Original Amount	Current Amount
RDAL									
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_8.17	8/31/2017	Net 90	11/29/2017	230	10,775.46	10,775.46
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_9.17	9/30/2017	Net 90	12/29/2017	200	9,122.85	9,122.85
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_10.17	10/31/2017	Net 90	1/29/2018	169	11,822.16	11,822.16
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_11.17	11/30/2017	Net 90	2/28/2018	139	13,916.56	13,916.56
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_12.17	12/31/2017	Net 90	3/31/2018	108	9,369.59	9,369.59
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_1.18	1/31/2018	Net 90	5/1/2018	77	13,668.12	13,668.12
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_2.18	2/28/2018	Net 90	5/29/2018	49	14,192.41	14,192.41
Remarkable of Dallas	REMARKABLE	Invoice	RDAL_3.18	3/31/2018	Net 90	6/29/2018	18	14,873.86	14,873.86
								Customer Total	\$97,741.01